

Client Screening Form

Name of Caller _____ Name of Client _____
Date _____ Time _____ Referred by _____
Phone _____ Alt Phone _____
Address _____

Matter/Charge _____

Court _____ Judge _____
NCD _____
Jail/Bond _____

Opp Counsel _____ Phone _____

Prior Counsel _____ Phone _____

Appointment _____ Fee _____

Notes: _____

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