

**CLIENT INTAKE FORM CASE RECORD**

Name \_\_\_\_\_  
DOB \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_  
Last Name First Middle

Place of Birth: \_\_\_\_\_  
City County State

Spouses Name \_\_\_\_\_ Maiden \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

\_\_\_ I Authorize Follow Up Calls Regarding my Case If Yes Contact Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Job Title \_\_\_\_\_

Address of Employment \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer / Self Employed \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Questioned Documents (Please Check) ( ) Note / Deed of Trust ( ) Will  
( ) Lease Agreement ( ) Business Agreement ( ) Quit Claim Deed ( ) Other

Please Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Original ( ) Photocopy ( ) Other \_\_\_\_\_

Exemplars (For Comparison) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Original ( ) Photocopy ( ) Other \_\_\_\_\_

**CLIENT INTAKE FORM (Cont)**

Attorney \_\_\_\_\_  
Name Address City State Zip

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Are You Pro Se' ? ( ) Yes ( ) No

COURT \_\_\_\_\_ JUDGE \_\_\_\_\_

CASE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

( ) Hearing ( ) Trial ( ) Other

I, Client Name \_\_\_\_\_, do hereby authorize to engage and retain GARY MICHAELS, FDE, DABFE, Forensic Document Examiner for the services of a forensic examination of the documents in question.

Signed this Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ 15

Client Signature

\_\_\_\_\_

Client Printed Name

\_\_\_\_\_