

CLIENT INTAKE FORM – CIVIL LAW

Please Note: The information in this form, including producing 2 pieces of identification (one to be government-issued photo ID), is required by the Law Society of Ontario under By-Law 7.1 on Client Information. By completion and submission of this form you are consenting to provide me personal information about yourself. Completion and submission of this intake form does not create a Lawyer/Client relationship.

Reason for Consultation (i.e. general consultation, second opinion, damage caused, etc):

Referral Source: _____

Client Information

Full Legal Name: _____

Date of Birth: _____ SIN number: _____

Surname at Birth, if different: _____

Current Home Address: _____

Current Mailing Address (if different from home address):

Home Tel.: _____ Work Tel.: _____

Cell: _____ Fax: _____

E-mail: _____

Preferred Method of Communication: _____

Job Title: _____

Current Occupation and address: _____

Full amount of Claim in detail: \$_____

What is the nature of your concern/matter:

List attempts to solve the issue yourself and who was contacted:

1. _____
2. _____
3. _____

4. _____

5. _____

Please relay the story (reason for the consult) in chronological order:

	Date	Event/action/outcome
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Please continue on a separate sheet, if necessary.

I consent to Chancery Law Professional Corporation using my email address and name for the purpose of setting up an e-transfer for the ease of paying retainers and invoices if I move forward with a lawyer's services. The E-Transfer would ONLY be set up if I move forward with the solicitor-client relationship.

Signed: _____

Dated: _____