

Intake Sheet

This is to be filled out and signed by the attorney handling the case described hereafter

Section 1: Participant Information

Participant Name

Last 4 of SSN

Parent or Dependent Name(s)

(complete only if benefits requested are for a parent or dependent of the participant)

1. Cause of Action or Nature of Legal Services. If this is a potential litigation, please give a brief description of the facts of the case.

2. Any additional comments concerning this case/matter.

Section 2: Attorney Information

In order to prepare our 1099's at the year-end, the following information is needed:

Firm Name

Your Tax I.D. number or SSN used in reporting to the IRS

Are you incorporated? ☐ Yes ☐ No | Hourly Fee

Section 3: Signature

Attorney Signature

Date