



Initial Contact Report

Employer _____

How Did the Caller Get Referred to Us?

___ New or Former Client

Referred by:

Office Location

Disposition:

___ No Show

___ Seen By

Atty: _____

Date: _____

___ Case Accepted

___ Case Rejected

Date of Contact: ___/___/___ Time: ___:___

Last Name: _____ First Name: _____

Date of Birth: ___/___/___

Address: _____

City/State/Zip _____

Telephone _____

Email: _____

Caller Name (if different):

Last Name: _____ First Name: _____

Caller's Relationship to Person Calling about: _____

Date of Incident: ___/___/___ Time: ___:___

Type of Case: (Check all that apply)

___ DUI/OWI

___ Analogs/Possession

___ Disorderly

___ License Appeal/SOS

___ Assault and Battery

___ Juvenile

___ Burglary/Home Invasion

___ Sex Crimes/CSC

___ Criminal (Other): _____

___ Wills/Estate/Probate

___ Family Law/Divorce

___ Other (Specify): _____

___ Marijuana Possession

___ Fleeing & Eluding

___ Embezzlement

___ Expungement

___ Retail Fraud

___ Felony Case

___ Solicitation

___ Real Estate

___ Breach of Contract

Describe Incident: _____

Adverse Parties:

(1) Last Name: _____ First Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

(2) Last Name: _____ First Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____