

THE LAW OFFICES OF
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New Client Intake Form

Date: _____

Name: _____

Address: _____

Daytime Phone number: _____

May this office call you at this number? YES NO

Evening Phone number: _____

E-Mail Address: _____

Cell Phone Number: _____

May this office call you at this number? ? YES NO

Name, address and phone of person to contact in the event of an emergency:

Relationship to you of emergency contact: _____

Are there any special instructions relating to contacting you? _____

Referred to this office by: _____

Please describe **briefly** your specific matter: _____

Please describe **briefly what** your goal in this situation is, and what you would like this office to accomplish for you: _____

Is another attorney presently representing you in this matter? YES NO

If so, what is your attorney's name, address and telephone number?

May this office contact your other attorney? YES NO

Has this office previously represented you or consulted with you on any other matter? _____

Please identify the subject matter and date of this office's prior representation of you:

Additional Comments: _____
