

Attorney Referral and Information Service
of the Fresno County Bar Association
State Bar Certification #0016



CLIENT INTAKE

Date: _____ Referred by: _____

Name(s) [Please indicate if you are here on behalf of another person]: _____

Address: _____ City/State: _____ Zip: _____

Primary Telephone No.: _____ Secondary Telephone No.: _____

Email: _____ Language: English Spanish Other _____

PLEASE INITIAL TO ACKNOWLEDGE THE \$35.00 ADMINISTRATIVE FEE PER REFERRAL, IS NON-REFUNDABLE _____
POR FAVOR INICIAL PARA CONFIRMAR EL \$35.00 TARIFA ADMINISTRATIVA POR CADA REFERNCIA NO ES REEMBOLSABLE _____

Have you ever used this service before? Yes No If so, who were you referred to? _____

Have you previously consulted with another attorney regarding this matter? Yes No If so, who? _____

PLEASE COMPLETE BELOW WHERE APPLICABLE

Court Case No(s): _____ County (of Court jurisdiction) _____

Name of Opposing Party(ies): _____

Name of Opposing Counsel (attorney for opposing party): _____

Please provide a brief description of your legal situation below. If you have an upcoming hearing date, please advise.

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Best Time for the Appointment: Morning Afternoon Day(s): M _____ T _____ W _____ TH _____ F _____

*****BELOW FOR OFFICE USE ONLY*****

METHOD OF PAYMENT: Visa Master Card Cash Money Order Check# _____

CREDIT/DEBIT CARD NO.: _____ EXP: _____ CVC CODE _____

BILLING ADDRESS (if different than above): _____ ZIP CODE: _____

Appointment Information:

Name of Attorney: _____ State Bar No.: _____

Appointment Date: _____ Time: _____ AM/PM IN OFFICE TELEPHONIC