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NEW CLIENT INTAKE

Date: _____

How did you hear about us? Referral from _____

_____ Prior Relationship/Former Client
_____ Internet search terms _____
_____ Internet search engine _____

Client Name: _____ DOB: _____

SSN: _____ DL#: _____

Maiden or Other Name: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ May we leave a message? Y/N

Cell Phone: _____ May we text you? Y/N

Email Address: _____

Preferred Communication: Email _____ Phone call _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Name of Opposing Party: _____