



**THE RATLIFF LAW FIRM  
NEW CLIENT INTAKE INFORMATION**

FOR RATLIFF LAW FIRM USE ONLY:

PAYMENT QUOTED \_\_\_\_\_

REVISED 4/13

Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Middle Maiden

DOB: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I authorize emails concerning my case.  I authorize emails of general interest from The Ratliff Law Firm.

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address of Employment: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ (Maiden name) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name/Relationship: \_\_\_\_\_

Telephone/E-Mail: \_\_\_\_\_

What legal action(s) were you involved in previously, if any? \_\_\_\_\_

Have you or family member been involved in any type of accident in the last two years? Yes  No

**Purpose of visit today:** *(If more room is needed, please write on back)*

**PRIVACY POLICY REGARDING SOCIAL SECURITY NUMBERS**

Social Security information will only be used in the event you hire the firm to represent you in your legal matter, and then only when necessary in limited use during the course of your case. Social Security numbers are most often used to positively identify parties. Some uses may include initial service, in court orders, or in required reports filed with the Commonwealth of Virginia. Most courts require Social Security numbers of all parties. All information received from a client is confidential. Numbers are not released from the firm unless authorized by the client or required in the course of representation as previously stated herein. I acknowledge that I have read the above privacy information provided by The Ratliff Law Firm regarding use of my Social Security number.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date