

Pre-Paid Legal Services
New Client Intake Form

Date _____ Time _____

Referral from Provider Firm (State) _____ COI PPL Corporate _____ Consultant Name _____

Member name _____ Member # _____

Intake # _____ Court Date or Other Critical Date _____

Name _____

Cell Phone # _____ Work # _____ Home # _____

Email Address _____

Benefits advised by consultant _____

Adverse Party(s) _____ Conflict cleared? Yes _____ No _____

If conflict is found please contact the referring party and advise you will not be able to assist.

Legal Issue _____

Date of Consult _____

Notes _____
