



MCDUFFY LAW FIRM, PLLC

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Please complete this questionnaire as completely and accurately as you can. All information that you provide will be held in strict confidence. Please use additional sheets, if necessary.

POTENTIAL CLIENT INTAKE FORM

Today's Date: _____

Your Full Legal Name: _____

Other Names Used in the Past: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Mailing Address if Different Than Above: _____

Phone: Home (____) ____ - ____ Cell (____) ____ - ____ Work (____) ____ - ____

Email Address: _____

- I authorize emails concerning my case.
- I authorize emails of general interest from McDuffy Law Firm, PLLC.

May we contact you concerning your case via: Phone Text Message

Preferred Language: English Spanish

Date of Birth: _____ SSN: _____

Driver's License #: _____ Expiration Date: _____

PLEASE ACKNOWLEDGE EACH OF THE FOLLOWING IMPORTANT STATEMENTS & SIGN BELOW:

- I have completed this form as fully and accurately as possible and have not knowingly provided any false statements.
- I understand that to make the most out of my session, I must return this form at least 48 hours before my appointment.
- I understand that my initial consultation or strategy session fee is due prior to the start of the office session; if my session is conducted by phone, the fee must be received within 48 hours of my appointment or the appointment will automatically be cancelled.
- I understand that this form is for informational and assessment purposes only, is not a contract for legal services, and does not constitute an agreement to represent me. Representation, if so desired, shall be provided upon the execution of a formal written client agreement and payment of a deposit or fee.

Signature

Date