



INTAKE QUESTIONNAIRE

Today's Date: ____/____/____

Name (First, Middle, Last): _____

Maiden/Previous Name (if applicable): _____ Place of Birth: _____

Date of Birth: ____/____/____ Social Security: ____-____-____

Home Address: _____

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

Years at this address: _____
☐ **OK** to send mail to my HOME ADDRESS
☐ **DO NOT** send mail to my HOME ADDRESS

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Home Phone Number: (____) ____-____ Email Address: _____

Are there any restrictions on contacting you by Telephone? ☐ No. ☐ Yes.

If yes, please specify: _____

(Initial) *I understand that communication via the internet, including e-mail, may be intercepted. If at any time I do not wish Lake Munro to communicate with me via e-mail or other electronic means, I will notify Lake Munro in writing.*

(Initial) *I understand that attorney-client privilege protects all communication between the attorney and client from being discovered by any third party. By sharing the content of these communications, particularly by sharing or forwarding email communications to outside parties, this attorney-client privilege will be lost. Therefore, I understand that I should not include any third party on any attorney-client email communications, and I should not forward an attorney-client email communication to any third party.*

(Initial) *Lake Munro may SEND ME E-MAIL.*

How Did You Hear About Us?

☐ Referred by: _____ ☐ Internet/Website: _____

☐ Other: _____

ST. LOUIS COUNTY:
1650 DES PERES ROAD, STE. 220
ST. LOUIS, MO 63131
(314) 863-0077

ST. CHARLES COUNTY:
6 WESTBURY DRIVE
ST. CHARLES, MO 63301
(314) 863-0077

(CIV) Name (First, Last): _____

Were you served court documents? ☐ Yes. ☐ No. Date of service: ____/____/____

INFORMATION ABOUT THE ADVERSE PARTY

Company: _____ Address: _____

Name (First, Middle, Last): _____

Home Address: _____

Address of Incident: _____

Work Phone Number: _____ Cell Phone Number: _____

Home Phone Number: _____ Email Address: _____

Witness 1 Name (First, Middle, Last): _____

Witness 1 contact information: _____

Witness 2 Name (First, Middle, Last): _____

Witness 2 contact information: _____

SHORT DESCRIPTION OF INCIDENT

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