

ATTORNEYS
Frank E. Morris
L. Jeanne Sockle
Paul C. Posadas
Katrina M. Otto
Brandon J. Koenig
OFFICE MANAGER
Saroeun Simeon

MORRIS



SOCKLE

3025 Limited Lane NW, Suite 200, Olympia, WA 98502

360.866.7100

fax 360.866.6840

PARALEGALS
Nancy Hull
Kaylene Taylor
Korey Twombly
Hannah Corcoran
Katie Coleman
LAW CLERK
Ben Sockle

CLIENT INTAKE SHEET

YOUR INFORMATION:

Date: _____

Full Name: _____ Maiden Name: _____

Date of Birth: _____ Email: _____

Street Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

Can you receive mail from our office at this address? Y / N If no, please provide an address that you can receive mail from our office: _____

Phone: _____

Employer: _____ Occupation: _____

Employer Address: _____

Education Level *(Circle one):* *High School/GED* *Some College* *Associate's Degree* *Bachelor's Degree* *Master's Degree* *PhD*

Income *(Circle one):* < \$49,999 \$50,000-\$74,999 \$75,000-\$99,999 \$100,000-\$149,999 \$150,000-\$199,999 \$200,000 +

How were you referred to MORRIS-SOCKLE?

TV *Radio Ad* What Station? _____ *Website* *Internet Search*

Friend / Family _____ *Other* _____

SPOUSE/OPPOSING PARTY

Full Name: _____ Maiden Name: _____

Date of Birth: _____ Email: _____

Street Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

Phone: _____

Employer: _____ Occupation: _____

Employer Address: _____

CASE INFORMATION

Is there a pending court action? Y / N If so, what type of action? _____

In what county is your case filed? _____

Is the opposing party represented by an attorney? Y / N

If yes, please list the name of the attorney: _____

Do you have any children in common with the opposing party? Y / N How Many? _____

How can we help you? What are your primary goals in contacting our office? _____

ADMIN USE ONLY:

Consult By: PP KO

TY OK

F/U

NO F/U

Mail OK

E-Mail OK

AFD

Contract