

**LAW OFFICE OF KENT LEE, PC
INITIAL INTAKE SHEET**

Date: _____

Name: _____ Home Phone: _____

Street Address: _____ Work Phone: _____

City, State, Zip: _____ Work Fax: _____

Mailing Address: _____ Cell Phone: _____

City, State, Zip: _____ E-Mail: _____

Business/Employer: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Name of Adverse Party (spouse, ex-spouse): _____

Please give a brief description of the services you require:

How did you hear about the Law Office of Kent Lee, PC?

- Family or Friend referral
- Employer benefits
- Internet
- Noticed Office Location

Please do not write below this line

Retainer Received: _____

Consult Fee Paid: _____

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