



## CASE INTAKE FORM

### CASE INFORMATION

Case Style:	
Cause Number:	
Venue:	
Side of case: (Plaintiff, Defense, Nonparty, etc?)	
Brief description of the case:	

### SERVICE(S) NEEDED *(check all that apply)*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> The Know Your Case Package<br><i>(*Our Signature)</i> | <input type="checkbox"/> The Doc Review Pack | <input type="checkbox"/> The Depo Review Pack |
| <input type="checkbox"/> The Depo Prep Pack                                    | <input type="checkbox"/> The Research Pack   | <input type="checkbox"/> The Assemble Pack    |
| <input type="checkbox"/> The Trial Prep Pack                                   | <input type="checkbox"/> The Long-Term Pack  | <input type="checkbox"/> The Loyalty Package  |

Notes, instructions, or desires – in relation to the Service(s) needed:

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Latest possible date you need the Service(s) by:

### FIRM/ATTORNEY INFORMATION

Firm Name:	
Firm Address:	
Primary Attorney Contact Name:	
Primary Attorney Contact Email:	
Primary Attorney Contact Phone:	
Email of Accounting Person You'd Like cc'd on Invoices <i>(i/a)</i> :	

*How did you hear about us?*

Explain/Other:

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\*\*\* Please email this completed questionnaire to our Intake Department at [intake@huminorman.com](mailto:intake@huminorman.com)!\*\*\*