



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
<i>(*Our Signature)</i> | <input type="checkbox"/> The Depo Review Pack | <input type="checkbox"/> The Assemble Pack |
| <input type="checkbox"/> The Contract Paralegal Pack | <input type="checkbox"/> The Depo Prep Pack | <input type="checkbox"/> The Research Pack |
| <input type="checkbox"/> The Doc Review Pack | <input type="checkbox"/> The Trial Prep Pack | <input type="checkbox"/> The Loyalty Package |

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

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? _____

*** Please email this completed questionnaire to our Intake Department at intake@huninorman.com! ***