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CREIGHTON SHATFORD HIRBOUR

LAWYERS | AVOCATS

CLIENT INTAKE

Dear Sir/Madam,

Thank you for considering the legal services of Creighton Shatford Hirbour. Please fill out this form as accurately as possible so that we can determine if, and how, we may assist you.

While we value all of our prospective clients, there are certain matters that we are unable to assist with. For example, we would not be able to act in cases where:

- there is a conflict of interest;
- the legal problem involves an area of law that we do not practice; or
- the legal problem is situated in a jurisdiction we do not practice in.

Client Contact Information

Full Name

- First name: _____
- Middle name(s): _____
- Last name: _____

Other names that you are known by: _____

Date of birth: _____

Occupation: _____

Estimated annual income: _____

Address

- Address line 1: _____
- Address line 2: _____
- City: _____
- Province: _____
- Postal code: _____
- Country: _____

Telephone Number

- Home: _____
- Work: _____
- Cell: _____
- Fax: _____

Email

- Home: _____
- Work: _____

Matter Description

Issue: What would you like legal assistance with?

(For example: drafting a will, defending criminal charges, divorcing a spouse, incorporating a company, selling your business, suing someone.)

For Family Law Matters Only:

Spouse/Other party

- First name: _____
- Middle name(s): _____
- Last name: _____

Other names that they are known by: _____

Date of birth: _____

Occupation: _____

Estimated annual income: _____

Date of marriage: _____

Place of marriage: _____

Date of separation: _____

Children

Full names**Date of birth**

Full names	Date of birth

Custody arrangement: _____

Does the matter involve your business?

- Business name: _____
- Name and position of any office contact person(s): _____
- Company name: _____
 - Unit/Suite/Apt: _____
 - PO Box: _____
 - Street: _____
 - City: _____
 - Province: _____
 - Postal Code: _____
 - Country: _____

Description

Describe the events that have led you to seek legal assistance. Please include: (a) the dates, times, and descriptions of all relevant events, (b) names and contact information of any potential witnesses, and (c) names and contact information of any professionals that have been involved (e.g.: police officers, insurance company employees, doctors, or lawyers).

Stage of Matter***Prior Counsel***

Have any other lawyers acted for you on this matter? Please provide their names and contact information.

- Business name: _____
- Name and position of any office contact person(s): _____
- Company name: _____
 - Unit/Suite/Apt: _____
 - PO Box: _____
 - Street: _____
 - City: _____
 - Province: _____
 - Postal Code: _____
 - Country: _____

DOCUMENT VERIFICATION**Drivers License**

Number:	Place of Issue:
Expiration Date:	

Passport

Number:	Place of Issue:
Expiration Date:	

Health Card

Number:	Place of Issue:
Expiration Date:	

Other Photo I.D.

Type:	Place of Issue:
Expiration Date:	Number:

I hereby confirm that I have met with the above client and verified the above referenced client identification as contained in this form.

Date: _____

Verified By:

Print Name: