



**INTAKE QUESTIONNAIRE**

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name (First, Middle, Last): \_\_\_\_\_

Maiden/Previous Name (if applicable): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Years at this address: \_\_\_\_\_  **OK** to send mail to my HOME ADDRESS  
 **DO NOT** send mail to my HOME ADDRESS

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email Address: \_\_\_\_\_

Are there any restrictions on contacting you by Telephone?  No.  Yes.

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
(Initial) *I understand that communication via the internet, including e-mail, may be intercepted. If at any time I do not wish Lake Munro to communicate with me via e-mail or other electronic means, I will notify Lake Munro in writing.*

\_\_\_\_\_  
(Initial) *I understand that attorney-client privilege protects all communication between the attorney and client from being discovered by any third party. By sharing the content of these communications, particularly by sharing or forwarding email communications to outside parties, this attorney-client privilege will be lost. Therefore, I understand that I should not include any third party on any attorney-client email communications, and I should not forward an attorney-client email communication to any third party.*

\_\_\_\_\_  
(Initial) Lake Munro may SEND ME E-MAIL

**How Did You Hear About Us?**

Referred by: \_\_\_\_\_  Internet/Website: \_\_\_\_\_

Other: \_\_\_\_\_

KEVIN T. LAKE\*  
RYAN L. MUNRO  
JERROLD R. BURKHART, JR.  
\*also admitted in Illinois

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FACSIMILE: (314) 863-7494

(civ)

Name (First, Last): \_\_\_\_\_

Were you served court documents?  Yes.  No. Date of service: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INFORMATION ABOUT THE ADVERSE PARTY**

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Name (First, Middle, Last): \_\_\_\_\_

Home Address: \_\_\_\_\_

Address of Incident: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Witness 1 Name (First, Middle, Last): \_\_\_\_\_

Witness 1 contact information: \_\_\_\_\_

Witness 2 Name (First, Middle, Last): \_\_\_\_\_

Witness 2 contact information: \_\_\_\_\_

**SHORT DESCRIPTION OF INCIDENT**