

CLIENT INTAKE FORM

Client Name: _____ Preferred Contact Method: _____

Date of Birth: _____ Gender: _____

Contact Information:

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Residential Address:

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____

Emergency Contact:

Full Name: _____

Relationship: _____

Phone Number: _____

Identification:

Government Issued ID Type: _____

ID Number: _____

Legal Representation:

Do you have legal representation? (Yes/No): _____

Lawyer's Name (if applicable): _____

Law Firm: _____

Phone Number: _____

Consent and Acknowledgment:

I hereby declare that the information provided in this form is complete and accurate to the best of my knowledge. I consent to the collection, use, and disclosure of my personal information as necessary for the purposes of legal representation, in accordance with applicable privacy laws of Canada. I understand that this form is not a contract and does not create an attorney-client relationship.

Signature: _____

Date: _____

Client Signature

Witness Signature

This Client Intake Form is designed to collect necessary client information for legal services in compliance with Canadian law. All information will be handled with strict confidentiality in accordance with applicable privacy legislation, including the Personal Information Protection and Electronic Documents Act (PIPEDA). Completion of this form does not establish a contractual or attorney-client relationship.

Original source of this document:

<https://docstemplates-ca.com/client-intake-form/>

Did you find this template helpful?

Find more updated templates at:

<https://docstemplates-ca.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.
It is recommended to consult a legal professional for each specific case.