

# MCSHANE & BRADY, LLC

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## CLIENT INTAKE FORM

*The firm of McShane & Brady, LLC welcomes you. Please answer the following questions to the best of your ability. Your answers will save time and aid us in representing you. All answers are strictly confidential.*

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Birthday:** \_\_\_\_\_ **Social Security:** \_\_\_\_\_

**Driver License Number:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employment:** \_\_\_\_\_

**Employment Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Date of the Incident:** \_\_\_\_\_

**Location of the Incident:** \_\_\_\_\_

**1. What type of accident occurred?**  
(circle one or more that apply)

- A. Slip/Trip & Fall
- B. Automobile Accident
- C. Medical Malpractice
- D. Legal Malpractice
- E. Trucking Accident
- F. Product Accident
- G. Criminal Defense
- H. HIPAA

**OTHER:** \_\_\_\_\_

**2. How did you hear about our firm?**  
(circle one or more that apply)

- A. Yellow Pages
- B. Business Phone Directory
- C. Website
- D. Google
- E. Radio

**Referral:** \_\_\_\_\_

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