

# COWART LAW OFFICES

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## INITIAL INTAKE FORM

FAX: (866) 418-4160

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Last First Middle

A.K.A. \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Place of birth: \_\_\_\_\_  
City County State Country

Social Security #: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Residential Address: \_\_\_\_\_  
Street City State Zip Code

Primary Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

I authorize text messages concerning my case to the following number: \_\_\_\_\_  
*\*Message and data rates may apply.*

I authorize emails concerning my case to the above email address.

I authorize calls regarding my case to the following number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Job title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Address of Employment: \_\_\_\_\_  
Street City State Zip Code

Spouse's Name: \_\_\_\_\_ Maiden: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Address (if different than yours): \_\_\_\_\_  
Street City State Zip Code

### PERSON FINANCIALLY RESPONSIBLE:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (other than self):

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

Primary Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Purpose of visit: \_\_\_\_\_

How were you referred to us: \_\_\_\_\_