

# ACOSTA LAW OFFICE P.C.

YOUR DEDICATED LAWYER  
ATTORNEY AT LAW

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## NEW CLIENT INTAKE

DATE: \_\_\_\_\_

### PERSONAL DATA

NAME: \_\_\_\_\_

HOME #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL #: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

WORK #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

OTHER #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

SOC. SEC. #: \_\_\_\_\_

MAY WE LEAVE MESSAGES AT ANY OF THE ABOVE NUMBERS:

YES NO

WE MAY DISCUSS YOUR CASE WITH: \_\_\_\_\_

IS IT OK FOR OUR OFFICE TO CONTACT YOU VIA TEXT:

YES NO

EMAIL ADDRESS: \_\_\_\_\_

WOULD YOU LIKE STATEMENTS SENT VIA EMAIL:

YES NO

ARE YOU A VETERAN:

YES NO

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME #: \_\_\_\_\_

CELL #: \_\_\_\_\_

IS IT OK TO LEAVE A MESSAGE AT THE EMERGENCY CONTACT NUMBER

YES NO

EMPLOYMENT INFORMATION: \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

NAME OF SPOUSE/CHILDREN: \_\_\_\_\_

### LEGAL BUSINESS

SELECT TYPE OF MATTER FOR WHICH YOU ARE HERE TODAY:

\_\_\_\_ CRIMINAL

\_\_\_\_ TRAFFIC

\_\_\_\_ DIVORCE

\_\_\_\_ CIVIL DEFENSE

\_\_\_\_ CHILD SUPPORT/CUSTODY

\_\_\_\_ OTHER \_\_\_\_\_

INITIALS: \_\_\_\_\_

DATE: \_\_\_\_\_

I AUTHORIZE THE ACOSTA LAW OFFICE P.C. TO  
RECEIVE AN OFFICIAL INDIANA DRIVING RECORD.

HOW DID YOU HEAR ABOUT US? (REFERRAL, PHONE BOOK, LETTER, ETC.) \_\_\_\_\_