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# ATTORNEY-CLIENT PRIVILEGED

New Client Intake Form

# This form helps me gather the information I need to help your child. If you don't know the answer to a question, you may leave it blank.

# PLEASE PRINT AND RETURN TO MY OFFICE. It is not recommended that you submit personally identifiable information over the internet due to the risk of privacy breeches, like hacking.

# If you have any questions about this form, please contact my office.

# (214) 624-9883, Claire@clairesmithlaw.com.

# Your Basic Information

|  |  |
| --- | --- |
| Today’s Date |  |
| Your Name |  |
| Your Address |  |
| Your Email Address |  |
| Your Phone Numbers (Cell, Office, Home) |  |
| How do you prefer to be contacted? |  |
| Spouse/Significant Other’s Name (if applicable) |  |
| Spouse/Significant Other’s Phone (if applicable) |  |

# Child’s Basic Information

|  |  |
| --- | --- |
| Child’s Name |  |
| Child’s Nickname (if applicable) |  |
| Child’s Date of Birth |  |
| With whom does the child live? |  |
| Has the child been diagnosed with a disability? |  |

# Child’s Educational Information

|  |  |
| --- | --- |
| Child’s Grade |  |
| Child’s School District |  |
| Child’s School Name |  |
| * What type of school is this? Public, private, charter, etc.
 |  |
| School Contact Person, phone/email |  |
| Is the child in general education currently? |  |
| Date of the child’s most recent evaluation or reevaluation |  |
| Has the child received an Independent Educational Evaluation (IEE)? |  |
| Does the child have a 504 Plan? |  |
| Does the child have an Individualized Education program (IEP)? |  |
| * If so, what is the child’s eligibility classification on the IEP?
 |  |
| * If so, what services is the child supposed to receive under the IEP?
 |  |
| Does the child have behavioral issues at school? |  |
| * If so, do you believe the child’s behavioral issues are tied to their disability?
 |  |
| Has the school conducted a Functional Behavioral Assessment (FBA)? |  |
| Has the school conducted a Manifestation Determination meeting? |  |
| Do you believe the child has been discriminated against because of their race, ethnicity, sex, gender, LGBTQ identity, religion, or disability? |  |
| Do you feel that the child’s current services are meeting their educational needs? |  |

# Your Goals

|  |  |
| --- | --- |
| What are you hoping a lawyer will accomplish for you in this matter? |  |
| Any additional comments? |  |

# Returning this Form

Please return to my office at your earliest convenience.

Please also consider sending over other documents you have related to this matter. I am very interested in seeing your written correspondence with the school; the 504; the IEP; any notices you received from the district, etc. I will need to collect these to assess and build your case.

By mail:

The Law Office of Claire Smith

5055 W Park Blvd

Plano, TX

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By email:

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