



# The Law Office of Paul Whitcombe

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Paul T. Whitcombe, J.D.

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## INTAKE SHEET

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

*Consultation Fee is \$100*

Client Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

(Required)

Other Party Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

## ATTORNEY COMMENTS & NOTES:

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