



# THE CARRITHERS LAW OFFICE CLIENT INTAKE FORM

THE LAW OFFICE OF LAVANYA K. CARRITHERS, PLLC

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## CURRENT VISIT

Please Briefly Describe the Purpose of Your Visit:

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## HOW WERE YOU REFERRED TO THE CARRITHERS LAW OFFICE?

- Former or Existing Client (Please Identify): \_\_\_\_\_
- Print Advertisement
- Fairfax Bar Association Lawyer Referral Service
- Legal Resources
- ARAG
- Virginia Lawyer Referral Service
- Website
- Internet Directory (Please Identify): \_\_\_\_\_
- Attorney (Please Identify): \_\_\_\_\_
- Friend (Please Identify): \_\_\_\_\_
- Other (Please Identify): \_\_\_\_\_

I understand that while the initial consultation does not create an attorney-client relationship, all information communicated by me will remain confidential unless I have consented otherwise.

Signature: \_\_\_\_\_

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

### FOR OFFICE USE ONLY

FEE QUOTED: \_\_\_\_\_  
COST QUOTED: \_\_\_\_\_  
ADV. PMT. QUOTED: \_\_\_\_\_

CONFLICT CHECK PNC: \_\_\_\_\_  
CONFLICT CHECK OP: \_\_\_\_\_  
CONFLICT CHECK F&E C: \_\_\_\_\_