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## PLEASE PRINT

## **CLIENT INTAKE INFORMATION**

Your Name		Date			
Address					
City	State		Zip		
Business Name (if applicable)					
Home Telephone	Cell Tele	ephone	·		
Work Telephone	Hours at this number				
Fax: work $\square$ home $\square$	Email _				
Birth Date//	_ SSN	٧	/	/	
Referred to THE LAW OFFICES OF AARO	n D. Cox, PLLC	by			

The LAW OFFICES OF AARON D. COX, PLLC bills on an hourly basis, including first conferences, unless other arrangements have been made.