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Client Intake Form

Welcome to Stone Law, LLC. Please provide as much information as possible, print neatly.

Date: _____ Home Phone: _____

Client: _____ Co-Client: _____
Full Legal Name *Full Legal Name*

Birthdate: _____ Birthdate: _____

Physical Address: _____ Mailing Address: _____
Street *Street*

City, State & Zip *City, State & Zip*

County *County*

Work or Cell Phone: _____ Work or Cell Phone: _____

Email: _____ Email: _____

Reason for visit:

- General Consultation
- Business
- Estate Planning
- Probate/Trust administration
- Elder Law concern
- Other

How did you hear about us?

- Personal Referral (from another attorney, an agency, a family member, or a friend): _____
- Web: _____
- Print: _____
- Radio: _____
- Other: _____

Please list names of the other parties involved, if any. (ie: case workers, attorneys, the opposing side etc.)

Have you ever consulted, retained, or been associated with a legal matter involving Marc Summers or Andrew Stone? (If yes, please explain and let us know which attorney.)

- No Yes _____

For our office use only.

APS: Conflict? Yes No

MES: Conflict? Yes No

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