

## CLIENT – INTAKE FORM

### **1. CLIENT INFORMATION:**

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

Contact Information: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **2. SERVICE REQUIRED:**

Please tick the box(es) of the service(s) you require:

- |                               |                          |
|-------------------------------|--------------------------|
| Document Review               | <input type="checkbox"/> |
| Guidance                      | <input type="checkbox"/> |
| Support                       | <input type="checkbox"/> |
| Mediation                     | <input type="checkbox"/> |
| Counselling                   | <input type="checkbox"/> |
| Family Resolutions            | <input type="checkbox"/> |
| Conflict Solutions            | <input type="checkbox"/> |
| Wellness                      | <input type="checkbox"/> |
| Dispute Resolution            | <input type="checkbox"/> |
| Other (please specify): _____ | <input type="checkbox"/> |

### **3. SPECIAL AREA OF NEED:**

Please tick the box(es) of the specific area(s) where you need assistance:

- |                               |                          |
|-------------------------------|--------------------------|
| Divorce / Separation          | <input type="checkbox"/> |
| Child Custody                 | <input type="checkbox"/> |
| Property Dispute              | <input type="checkbox"/> |
| Estate Planning               | <input type="checkbox"/> |
| Wills and Trust               | <input type="checkbox"/> |
| Probate                       | <input type="checkbox"/> |
| Business Dispute              | <input type="checkbox"/> |
| Employment Dispute            | <input type="checkbox"/> |
| Dispute Resolution            | <input type="checkbox"/> |
| Other (please specify): _____ | <input type="checkbox"/> |

### **4. NOTES:**

Restorative Justice & Wellness Institute is an independent cash-based practice and do not provide legal advice.

**5. PARALEGAL NOTE:**

As an Independent Certified Paralegal, I am not a licensed attorney and cannot provide legal advice. My role is to ***provide document review, guidance, support & general Paralegal services to assist you with your case. I work with a network of attorneys and can refer clients to them if necessary.*** I will do my best to provide you with the resources and information you need to make informed decisions. The client is responsible for making informed decisions based on the guidance provided by me.

**6. INDEMNITY:**

I, \_\_\_\_\_ [Client Name], hereby indemnify and hold harmless Restorative Justice & Wellness Institute and their respective officers, directors, employees, and agents, from and against any and all claims, damages, losses, and expenses, including but not limited to attorney's fees, arising out of or related to the services provided by them.

**7. ACKNOWLEDGEMENT:**

I, \_\_\_\_\_ [Client Name], acknowledge that I have read and understood the terms and conditions of the services provided by Pinnacle Paralegal Services (PPS), Hope Family Dispute Resolution (HFDR), and T.A.L.K.S Wellness Institute. I understand that these services are not a substitute for legal advice from a licensed attorney, but can offer document review, guidance, and support to assist me with my case. I acknowledge that I am responsible for making informed decisions based on the guidance provided by them.

1. Document review and guidance: R500-R1,500
2. Preparation of court documents: R800-R2,500
3. General paralegal services (per hour): R300-R700
4. Referral to attorney: R650.00 - R2,000 (depending on the complexity of the case)

**\*Package Deals\***

1. Package deal for document review, guidance, and preparation of court documents: R2,000-R5,000
2. Package deal for general paralegal services and referral to attorney: R3,000-R6,000

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_