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HYATT LEGAL INTAKE FORM

Today's Date _____ M T W T F Sa Time of Call ____:____ AM/PM

Client Name: _____

Relationship: Member ____ Spouse ____ Dependent ____ Member & Spouse ____

Soc. Sec. No. ____ - ____ - ____ Authorization Number: _____

Home Phone No. _____ Work Phone No. _____

E-Mail _____ Cell Phone No. _____

Address: _____

County: _____

Legal Plan Name: _____

Employer: _____

Address: _____

COVERAGE

Area of Law _____

Who is Covered? MBR SPS DEP

Extent of Coverage _____

Reason for seeing attorney: _____

Appointment set? Yes No Date/Time _____
