

eDiscovery Client Intake Form

Client Name: _____ Matter No. _____

Opposing Party: _____

Client Device Information

Mobile / Text Communication Device(s)

Cell Phone (How many _____) 1. Yes ☐ No ☐ | Personal ☐ Work ☐ Carrier _____

2. Yes ☐ No ☐ | Personal ☐ Work ☐ Carrier _____

3. Yes ☐ No ☐ | Personal ☐ Work ☐ Carrier _____

Computer Device(s)

Desktop ☐ Laptop ☐ Tablet ☐ Other ☐ _____ Other ☐ _____ Other ☐ _____

1. Type _____ Manufacturer _____ Physical location _____

2. Type _____ Manufacturer _____ Physical location _____

3. Type _____ Manufacturer _____ Physical location _____

4. Type _____ Manufacturer _____ Physical location _____

5. Type _____ Manufacturer _____ Physical location _____

6. Type _____ Manufacturer _____ Physical location _____

Email Account(s)

Gmail ☐ Yahoo! ☐ AOL ☐ Hotmail ☐ Work ☐ Other ☐ _____

1. Email address _____ 2. _____

3. Email Address _____ 4. _____

Social Media Account(s) (Public ☐ Private ☐)

Facebook ☐ Instagram ☐ Pinterest ☐ Twitter ☐ Other ☐ _____

Other/usernames _____

Online Financial / Bank Accounts / Credit Cards

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Cloud Accounts (i.e. iCloud, OneDrive, Google Drive)

1. _____ 2. _____

3. _____ 4. _____

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Travel Accounts

Expedia ☐ Airline ☐ Hotels ☐ Other ☐ _____ Other ☐ _____

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

List of custodians with potentially related data

1. Name _____ Description/Location _____
2. Name _____ Description/Location _____
3. Name _____ Description/Location _____
4. Name _____ Description/Location _____
5. Name _____ Description/Location _____
6. Name _____ Description/Location _____
7. Name _____ Description/Location _____
8. Name _____ Description/Location _____
9. Name _____ Description/Location _____
10. Name _____ Description/Location _____

Additional Items/Notes

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