

CASEWORK INTAKE FORM

Constituent's Name		Date	
Business/Organization		Call	<input type="checkbox"/>
Address		Email	<input type="checkbox"/>
City, State, Zip		Letter	<input type="checkbox"/>
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Best Day & Time to Call	
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Best Number to Call	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Email		Working with other Legislative Office	
Fax			
Agency		Opened By	
Claim/Case Number		Assigned To	
Subject		Entered into LCMS	<input type="checkbox"/>

*Personal Information, such as Social Security Number or Driver's License Number, should only be requested if required by the state agency or department. This information should only be obtained through use of the **Authorization for Release of Information** form.*

Details	
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