

Tabs3 File Intake

ADDRESS

Client Information

Client ID _____ Secure Client

Matter Info Same as Client

Client Name _____

Contact Name _____

Work Desc. _____

Matter Contact Information



Address _____



Address _____

City/State/Zip _____

City/State/Zip _____

Country _____

Country _____



Business Ph. _____ Home _____



Business Ph. _____ Home _____

Fax _____

Mobile _____

Mobile _____

Email _____

Email _____

Web Page _____

Web Page _____

Name Search _____

Location _____

Date Opened _____

SETUP

Category _____ Frequency _____

Task Based

Non Billable

Primary _____ Secondary _____ Originator _____

Method to Apply Payments
1 Thru 5 _____

Rec Allocation Fee Comp Rules

Rates

Fee Rate Table Cost Rate Table

Cost Rate Table Fee Rate Table

Type
None

Billing Rate Code 0-9

Hourly Rate _____

Rate

Code

Client Notes



Custom Fields

Misc. Line 1 _____ Do Not Print Line 1

Misc. Line 2 _____ Do Not Print Line 2

Misc. Line 3 _____ Do Not Print Line 3

Billing Preferences

Release to Bill Bill on Demand Progress Billing Email Statement
 Print Statement Both



Billing Notes & Instructions

Conflict Checked Date _____

Conflict Notes

Other Notes About This File