

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 _____

City/State/Zip _____
Country _____

Business Ph. _____ Home _____
Fax _____ Mobile _____
Email _____
Web Page _____


Address _____

City/State/Zip _____
Country _____

Business Ph. _____ Home _____
Fax _____ Mobile _____
Email _____
Web Page _____

Name Search _____ Location _____ Date Opened _____

SETUP

Category _____ Frequency _____ Task Based ☒
Non Billable ☒
Primary _____ Secondary _____ Originator _____
Method to Apply Payments _____ Rec Allocation ☒ Fee Comp Rules ☒
1 Thru 5 _____

Rates

Fee Rate Table ☒ Cost Rate Table ☒ Type None ☒
Rate ☒ Billing Rate Code 0-9 _____ Hourly 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