



(For Office Use Only)

**CONFIDENTIAL INFORMATION**

**Section One: Personal Information** of the individual whose affairs we will be discussing  
Please provide all requested information; if retired, provide name / address of last employer.

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

HOME ADDRESS: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (County) (State) (Zip Code)

RESIDENCE ADDRESS: \_\_\_\_\_  
(If different from home address) (Name of Facility and Street Address)

\_\_\_\_\_  
(City) (County) (State) (Zip Code)

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ VETERAN? \_\_\_\_\_

SS#: \_\_\_\_\_ DRIVER'S LIC. # (State): \_\_\_\_\_

NAME OF EMPLOYER / FORMER EMPLOYER: \_\_\_\_\_ RETIRED?: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (County) (State) (Zip Code)

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

\_\_\_\_\_  
*Please provide all requested information – even if spouse is deceased.*

SPOUSE: \_\_\_\_\_  
(First) (Middle) (Last)

RESIDENCE ADDRESS: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (County) (State) (Zip Code)

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ VETERAN? \_\_\_\_\_

SS#: \_\_\_\_\_ DRIVER'S LIC. # (State): \_\_\_\_\_

NAME OF EMPLOYER / FORMER EMPLOYER: \_\_\_\_\_ RETIRED?: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (County) (State) (Zip Code)

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

IF DECEASED, DATE OF DEATH: \_\_\_\_\_

**Section Two: Contact Person for this Matter**

Please designate one person as the “contact” person for this matter. The contact person may be one of the persons named in Section One. This is the person who will communicate with our office, and the person with whom our office will communicate regarding this matter. This helps to avoid costly duplication of services and fragmentation of information given to or from our office, while preserving client confidences.

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

RELATIONSHIP TO PERSON IN SECTION ONE: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (County) (State) (Zip Code)

E-MAIL: \_\_\_\_\_ SS#: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (County) (State) (Zip Code)

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

SPOUSE: \_\_\_\_\_  
(First) (Middle) (Last)

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (County) (State) (Zip Code)

WORK PHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

Nature of legal advice you are seeking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to accomplish in this appointment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any gifts been made in the past 60 months? \_\_\_\_\_

How did you learn about our office? \_\_\_\_\_

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date

**Section Three: The Family (page 1 of 2)**

EL

*Please include adopted, deceased, and step children.*

*Please be sure that all names are complete and spelled correctly.*

*You may add additional pages if necessary.*

NAME OF PERSON FROM SECTION #1: \_\_\_\_\_  
(First) (Middle) (Last)

SPOUSE: \_\_\_\_\_  
(First) (Middle) (Last)

**The Children:**

#1 NAME: \_\_\_\_\_  
(First) (Middle) (Last)

AGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

SPOUSE: \_\_\_\_\_  
(First) (Middle) (Last)

Child #1 \_\_\_\_\_ Age: \_\_\_\_\_

Child #2 \_\_\_\_\_ Age: \_\_\_\_\_

Child #3 \_\_\_\_\_ Age: \_\_\_\_\_

#2 NAME: \_\_\_\_\_  
(First) (Middle) (Last)

AGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

SPOUSE: \_\_\_\_\_  
(First) (Middle) (Last)

Child #1 \_\_\_\_\_ Age: \_\_\_\_\_

Child #2 \_\_\_\_\_ Age: \_\_\_\_\_

Child #3 \_\_\_\_\_ Age: \_\_\_\_\_

#3 NAME: \_\_\_\_\_  
(First) (Middle) (Last)

AGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

SPOUSE: \_\_\_\_\_  
(First) (Middle) (Last)

Child #1 \_\_\_\_\_ Age: \_\_\_\_\_

Child #2 \_\_\_\_\_ Age: \_\_\_\_\_

Child #3 \_\_\_\_\_ Age: \_\_\_\_\_

#4 NAME: \_\_\_\_\_  
(First) (Middle) (Last)

AGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

SPOUSE: \_\_\_\_\_  
(First) (Middle) (Last)

Child #1 \_\_\_\_\_ Age: \_\_\_\_\_

Child #2 \_\_\_\_\_ Age: \_\_\_\_\_

Child #3 \_\_\_\_\_ Age: \_\_\_\_\_

**Section Three: The Family (page 2 of 2)**

EL

*Please include adopted, deceased, and step children.*

*Please be sure that all names are complete and spelled correctly.*

*You may add additional pages if necessary.*

NAME OF PERSON FROM SECTION #1: \_\_\_\_\_  
(First) (Middle) (Last)

SPOUSE: \_\_\_\_\_  
(First) (Middle) (Last)

**The Children:**

#5 NAME: \_\_\_\_\_  
(First) (Middle) (Last)

AGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

SPOUSE: \_\_\_\_\_

(First) (Middle) (Last)

Child #1 \_\_\_\_\_ Age: \_\_\_\_\_

Child #2 \_\_\_\_\_ Age: \_\_\_\_\_

Child #3 \_\_\_\_\_ Age: \_\_\_\_\_

#7 NAME: \_\_\_\_\_  
(First) (Middle) (Last)

AGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

SPOUSE: \_\_\_\_\_

(First) (Middle) (Last)

Child #1 \_\_\_\_\_ Age: \_\_\_\_\_

Child #2 \_\_\_\_\_ Age: \_\_\_\_\_

Child #3 \_\_\_\_\_ Age: \_\_\_\_\_

#6 NAME: \_\_\_\_\_  
(First) (Middle) (Last)

AGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

SPOUSE: \_\_\_\_\_

(First) (Middle) (Last)

Child #1 \_\_\_\_\_ Age: \_\_\_\_\_

Child #2 \_\_\_\_\_ Age: \_\_\_\_\_

Child #3 \_\_\_\_\_ Age: \_\_\_\_\_

#8 NAME: \_\_\_\_\_  
(First) (Middle) (Last)

AGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

SPOUSE: \_\_\_\_\_

(First) (Middle) (Last)

Child #1 \_\_\_\_\_ Age: \_\_\_\_\_

Child #2 \_\_\_\_\_ Age: \_\_\_\_\_

Child #3 \_\_\_\_\_ Age: \_\_\_\_\_



Person in Section 1

Spouse

**B. Bank Accounts**

1. *Checking*; Avg. Balance: \$ \_\_\_\_\_  
 Bank: \_\_\_\_\_  
 Names on Account: \_\_\_\_\_
2. *Checking*; Avg. Balance: \$ \_\_\_\_\_  
 Bank: \_\_\_\_\_  
 Names on Account: \_\_\_\_\_
3. *Savings*; Balance: \$ \_\_\_\_\_  
 Bank: \_\_\_\_\_  
 Names on Account: \_\_\_\_\_
4. *Savings*; Balance: \$ \_\_\_\_\_  
 Bank: \_\_\_\_\_  
 Names on Account: \_\_\_\_\_
5. *Certificate of Dep.*; Value: \$ \_\_\_\_\_  
 Bank: \_\_\_\_\_  
 Maturity date: \_\_\_\_\_  
 Names on Account: \_\_\_\_\_
6. *Certificate of Dep.*; Value: \$ \_\_\_\_\_  
 Bank: \_\_\_\_\_  
 Maturity date: \_\_\_\_\_  
 Names on Account: \_\_\_\_\_
7. *Certificate of Dep.*; Value: \$ \_\_\_\_\_  
 Bank: \_\_\_\_\_  
 Maturity date: \_\_\_\_\_  
 Names on Account: \_\_\_\_\_
8. *Certificate of Dep.*; Value: \$ \_\_\_\_\_  
 Bank: \_\_\_\_\_  
 Maturity date: \_\_\_\_\_  
 Names on Account: \_\_\_\_\_
9. *Money Market*; Balance: \$ \_\_\_\_\_  
 Bank: \_\_\_\_\_  
 Names on Account: \_\_\_\_\_
10. *Money Market*; Balance: \$ \_\_\_\_\_  
 Bank: \_\_\_\_\_  
 Names on Account: \_\_\_\_\_

**C. Insurance**

Life Insurance – Face Value \$ \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_

	Person in Section 1	Spouse
Life Insurance – Face Value	\$ _____	
Company: _____		
Beneficiary: _____		
Life Insurance – Face Value		\$ _____
Company: _____		
Beneficiary: _____		
Life Insurance – Face Value		\$ _____
Company: _____		
Beneficiary: _____		
Long Term Care Insur. – Max. Benefit	\$ _____	
Company: _____		
Long Term Care Insur. – Max. Benefit		\$ _____
Company: _____		
Health / Medicare Supp. Insur. premium	\$ _____	
Company: _____		
Health / Medicare Supp. Insur. premium		\$ _____
Company: _____		

**D. Investments – Current Market Value**

Investment / Securities Account	\$ _____	
Company: _____		
Names on Account: _____		
Investment / Securities Account	\$ _____	
Company: _____		
Names on Account: _____		
Investment / Securities Account		\$ _____
Company: _____		
Names on Account: _____		
Investment / Securities Account		\$ _____
Company: _____		
Names on Account: _____		
Stock	\$ _____	
Company: _____		
Names on Certificate / Account: _____		
Stock	\$ _____	
Company: _____		
Names on Certificate / Account: _____		
Stock		\$ _____
Company: _____		
Names on Certificate / Account: _____		

**Section Four: Financial Information (page 4 of 4)**

EL

	Person in Section 1	Spouse
Stock		\$ _____
	Company: _____	
	Names on Certificate / Account: _____	
Bonds	\$ _____	
	Issuer / Type: _____	
	Names on Bond / Account: _____	
Bonds	\$ _____	
	Issuer / Type: _____	
	Names on Bond / Account: _____	
Bonds		\$ _____
	Issuer / Type: _____	
	Names on Bond / Account: _____	
Bonds		\$ _____
	Issuer / Type: _____	
	Names on Bond / Account: _____	
Annuity	\$ _____	
	Company: _____	
	Beneficiary: _____	
Annuity		\$ _____
	Company: _____	
	Beneficiary: _____	
Pension Fund	\$ _____	
	Company: _____	
	Beneficiary: _____	
Pension Fund		\$ _____
	Company: _____	
	Beneficiary: _____	
IRA/SEP Account	\$ _____	
	Company: _____	
	Beneficiary: _____	
IRA/SEP Account		\$ _____
	Company: _____	
	Beneficiary: _____	
Notes Receivable	\$ _____	\$ _____
Real Estate (listed in "A" above)	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>Grand Totals:</b>	\$ _____	\$ _____

(attach additional sheets as necessary)