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(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: _____

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

CELL PHONE: _____ HOME PHONE: _____ VETERAN? _____

EMAIL: _____

SS#: _____ DRIVER'S LIC. # (State): _____

NAME OF EMPLOYER / FORMER EMPLOYER: _____ RETIRED?: _____

ADDRESS OF EMPLOYER: _____

AGE: _____ DATE OF BIRTH: _____ PLACE: _____ MARITAL STATUS: _____

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

SPOUSE: _____
(First) (Middle) (Last)

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

CELL PHONE: _____ HOME PHONE: _____ VETERAN? _____

EMAIL: _____

SS#: _____ DRIVER'S LIC. # (State): _____

NAME OF EMPLOYER / FORMER EMPLOYER: _____ RETIRED?: _____

ADDRESS OF EMPLOYER: _____

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#: _____

CELL PHONE: _____ HOME PHONE: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

AGE: _____ DATE OF BIRTH: _____ PLACE: _____ MARITAL STATUS: _____

SPOUSE: _____
(First) (Middle) (Last)

CELL PHONE: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

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)

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: _____

SPOUSE: _____

The Children:

#1 NAME: _____

AGE: _____ MARITAL STATUS: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

SPOUSE: _____

Child #1 _____ Age: _____

Child #2 _____ Age: _____

Child #3 _____ Age: _____

#2 NAME: _____

AGE: _____ MARITAL STATUS: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

SPOUSE: _____

Child #1 _____ Age: _____

Child #2 _____ Age: _____

Child #3 _____ Age: _____

#3 NAME: _____

AGE: _____ MARITAL STATUS: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

SPOUSE: _____

Child #1 _____ Age: _____

Child #2 _____ Age: _____

Child #3 _____ Age: _____

#4 NAME: _____

AGE: _____ MARITAL STATUS: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

SPOUSE: _____

Child #1 _____ Age: _____

Child #2 _____ Age: _____

Child #3 _____ Age: _____

Section Three: The Family (page 2 of 2)

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: _____

SPOUSE: _____

The Children:

#5 NAME: _____

AGE: _____ MARITAL STATUS: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

SPOUSE: _____

Child #1 _____ Age: _____

Child #2 _____ Age: _____

Child #3 _____ Age: _____

#6 NAME: _____

AGE: _____ MARITAL STATUS: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

SPOUSE: _____

Child #1 _____ Age: _____

Child #2 _____ Age: _____

Child #3 _____ Age: _____

#7 NAME: _____

AGE: _____ MARITAL STATUS: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

SPOUSE: _____

Child #1 _____ Age: _____

Child #2 _____ Age: _____

Child #3 _____ Age: _____

#8 NAME: _____

AGE: _____ MARITAL STATUS: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

SPOUSE: _____

Child #1 _____ Age: _____

Child #2 _____ Age: _____

Child #3 _____ Age: _____

Section Four: Financial Information (page 1 of 5)

	Person in Section 1	Spouse
I. Income (annual):		
A. Social Security Benefits	\$ _____	\$ _____
B. Retirement Income		
Pension Income	\$ _____	
Source: _____		
Annuity Income	\$ _____	
Source: _____		
Pension Income		\$ _____
Source: _____		
Annuity Income		\$ _____
Source: _____		
C. Investment Income		
Interest Income	\$ _____	\$ _____
Dividend Income	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Interest Income	\$ _____	\$ _____
Other	\$ _____	\$ _____
D. Employment Income	\$ _____	\$ _____
Grand Totals:	\$ _____	\$ _____

II. Assets:

A. Real Estate – Please provide copy of most recent Deed for each property

1. *Homeplace* Market value: \$ _____
 Address: _____
 Name(s) on deed: _____
 Date of purchase: _____ Price: \$ _____
 Mortgage balance: \$ _____
2. *Other Real Property* Market value: \$ _____
 Address: _____
 Name(s) on deed: _____
 Date of purchase: _____ Price: \$ _____
 Mortgage balance: \$ _____
3. *Other Real Property* Market value: \$ _____
 Address: _____
 Name(s) on deed: _____
 Date of purchase: _____ Price: \$ _____
 Mortgage balance: \$ _____

Section Four: Financial Information (page 2 of 5)

Person in Section 1 Spouse

B. Bank Accounts – Please provide copy of recent statement for each account

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: _____

Section Four: Financial Information (page 3 of 5)

	Person in Section 1	Spouse
C. Insurance – Please provide copy of each policy		
Life Insurance – Face Value	\$ _____	
Company: _____		
Beneficiary: _____		
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 – Please provide copy of recent statement for each account		
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: _____		

Section Four: Financial Information (page 4 of 5)

Person in Section 1

Spouse

Stock	\$ _____	
Company:	_____	
Names on Certificate / Account:	_____	
Stock	\$ _____	
Company:	_____	
Names on Certificate / Account:	_____	
Stock		\$ _____
Company:	_____	
Names on Certificate / Account:	_____	
Stock		\$ _____
Company:	_____	
Names on Certificate / Account:	_____	
Bonds	\$ _____	
Issuer / Type:	_____	
Names on Bond / Account:	_____	
Bonds		\$ _____
Issuer / Type:	_____	
Names on Bond / Account:	_____	
Annuity	\$ _____	
Company:	_____	
Beneficiary:	_____	
Annuity		\$ _____
Company:	_____	
Beneficiary:	_____	

E. Retirement Accounts – – Please provide copy of recent statement for each account

IRA/401k/SEP Account	\$ _____	
Company:	_____	
Beneficiary:	_____	
IRA/401k/SEP Account	\$ _____	
Company:	_____	
Beneficiary:	_____	
IRA/401k/SEP Account		\$ _____
Company:	_____	
Beneficiary:	_____	
IRA/401k/SEP Account		\$ _____
Company:	_____	
Beneficiary:	_____	

Section Four: Financial Information (page 5 of 5)

	Person in Section 1	Spouse
F. Other		
Notes Receivable	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total from A above - Real Estate	\$ _____	\$ _____
Total from B above - Bank Accounts	\$ _____	\$ _____
Total from C above - Insurance	\$ _____	\$ _____
Total from D above - Investments	\$ _____	\$ _____
Total from E above - Retirement Accounts	\$ _____	\$ _____
Total Assets:	\$ _____	\$ _____

III. Debt:

1. <i>Credit Card</i> ; Balance:	\$ _____	
Issuer: _____		
Names on Account: _____		
2. <i>Credit Card</i> ; Balance:	\$ _____	
Issuer: _____		
Names on Account: _____		
3. <i>Credit Card</i> ; Balance:		\$ _____
Issuer: _____		
Names on Account: _____		
4. <i>Credit Card</i> ; Balance:		\$ _____
Issuer: _____		
Names on Account: _____		
5. <i>Other</i> ; Balance	\$ _____	\$ _____
Issuer: _____		
<i>Other</i> ; Balance	\$ _____	\$ _____
Issuer: _____		
Total Debt:	\$ _____	\$ _____
Total Assets (from above):	\$ _____	\$ _____
Total Assets less Total Debt = Net Worth:	\$ _____	\$ _____

(attach additional sheets as necessary)