

INDIVIDUAL PRELIMINARY INFORMATION

Full Name: _____	
Name you prefer to be called: _____	
Date of birth: _____	Social Security Number: _____

Home Address: _____		
City: _____	State: _____	Zip: _____
County of Residence: _____		Email: _____
Home Phone: _____	Cell Phone: _____	Best place to reach you: _____
Send mail where? <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other:		
How do you prefer for mail to be addressed (i.e., "Mr." or "Ms." or "Dr.")? <input type="checkbox"/> AVVO		
How did you hear about us? <input type="checkbox"/> FindLaw <input type="checkbox"/> Internet _____ <input type="checkbox"/> Referred by: _____ <input type="checkbox"/> Other _____		

Who do you want to name as agent(s) on your durable power of attorney?

(A durable power of attorney gives the person(s) named the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.)

1 st Agent	Name: _____ Relation: _____	Address: _____ _____
2 nd Agent	Name: _____ Relation: _____	Address: _____ _____
3 rd Agent	Name: _____ Relation: _____	Address: _____ _____

Who do you want to name as your Health Care Surrogate?

1 st Surrogate	Name: _____ Phone: _____	Address: _____ _____
2 nd Surrogate	Name: _____ Phone: _____	Address: _____ _____
3 rd Surrogate	Name: _____ Phone: _____	Address: _____ _____