

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:	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.")?	

Place of Employment:	
Work Address:	
City:	State: Zip:
Work phone:	Work fax:
Email address:	

How did you hear about us? <input type="checkbox"/> AVVO <input type="checkbox"/> FindLaw <input type="checkbox"/> Internet _____ <input type="checkbox"/> Referred by: _____ <input type="checkbox"/> Other
Do you want the referral source to be copied on correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No
What topics do you want to discuss at your appointment? _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Children	Age of Child	Gender	Grandchildren?
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			
Name _____ Address _____ Phone _____			

Assets	Full Value	[Less Debt]	Net Value	Comments
Life insurance				
Retirement plans				
Residence				
Other real estate	Property #1			
	Property #2			
	Property #3			
Checking				
Savings				
CDs				
Brokerage	Account #1			
	Account #2			
	Account #3			
Notes (loans to others)				
Businesses	Business #1			
	Business #2			
	Business #3			
Vehicles				
Personal effects				
Potential inheritance				
Other				
Total				

Describe how you want your estate to be distributed upon your death:

Who do you want to name as the Personal Representative(s) of your estate?

Name:	Relation:
Name:	Relation:
Name:	Relation:

Who do you want to name as the Guardian(s) of your children (if you have children under age 18)?
 (Two persons may serve together as long as they are married.)

1 st Guardian(s)	Name(s):	Relation:
2 nd Guardian(s)	Name(s):	Relation:
3 rd Guardian(s)	Name(s):	Relation:

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: _____ _____