



ESTATE PLANNING INTAKE FORM

Initial Fee Deposit \$ _____

Date: _____

PLEASE FILL OUT BELOW

Full Name: _____

Address: _____

City/Zip: _____ Date of Birth: _____

MAILING ADDRESS: (If different) _____

Home Phone #: (____) _____ Cell phone #: (____) _____

Employer: _____ Occupation: _____

Work Address: _____

E-mail: _____ Work #: _____

If you are married: _____ DATE OF MARRIAGE: _____

Spouse's Full Name: _____

Address: Same as above or _____

City/Zip: _____ Date of Birth: _____

Home Phone #: (____) _____ Cell phone #: (____) _____

Employer: _____ Occupation: _____

Work Address: _____

E-mail: _____ Work #: _____

If you have minor children, please list below:

<u>NAME</u>	<u>BIRTH DATE</u>	<u>PLACE OF BIRTH</u>	<u>AGE</u>	<u>SEX</u>
-------------	-------------------	-----------------------	------------	------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Who referred you to this office? _____

<u>Attorney Use Only:</u>	<input type="checkbox"/> MARRIED	<input type="checkbox"/> UNMARRIED	<input type="checkbox"/> TEAMSTER
<input type="checkbox"/> STRAIGHT A TRUST	<input type="checkbox"/> A/B TRUST	<input type="checkbox"/> WILL	
<input type="checkbox"/> HEALTH CARE DIRECTIVE	<input type="checkbox"/> FDPOA	<input type="checkbox"/> QUITCLAIM DEED	

