

**CONFIDENTIAL GENERAL INTAKE QUESTIONNAIRE**

**File Information (To be completed by attorney):**

File Name: \_\_\_\_\_

File #: \_\_\_\_\_ Date Opened: \_\_\_\_\_

**1. About you:**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ U.S.Citizen? \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ DOB: \_\_\_\_\_ U.S.Citizen? \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Client Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse/Partner Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Client SSN: \_\_\_\_\_ Spouse/Partner SSN: \_\_\_\_\_

I am: \_\_\_ Single / \_\_\_ Legally Married (Date: \_\_\_\_\_) / \_\_\_ Divorced (Date: \_\_\_\_\_) / \_\_\_ Widowed

I have adopted/biological children from a prior marriage/relationship Yes\_\_ No\_\_ (List on back Names/DOB)

How many biological or adopted children do you and your spouse/partner share? \_\_\_\_\_ (Names/DOB)

Have you or your spouse/partner ever served in the military? Yes \_\_\_ No \_\_\_ Dates: \_\_\_\_\_

**2. Type of Matter:**

\_\_\_ Probate Administration \_\_\_ Guardianship \_\_\_ Small Claims \_\_\_ Civil \_\_\_ Other

Briefly describe: \_\_\_\_\_

**3. Powers of Attorney:**

**A.** Do you have a valid Power of Attorney for **PROPERTY**? List your agents in order:

1<sup>st</sup>: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_

3<sup>rd</sup>: \_\_\_\_\_

**B.** Do you have a valid Power of Attorney for **HEALTHCARE**? List your agents in order:

1<sup>st</sup>: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_

3<sup>rd</sup>: \_\_\_\_\_

**4. Will and/or Trust:** Do you have a will or trust? List your Executor and/or Trustee followed by successors:

1<sup>st</sup>: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_

3<sup>rd</sup>: \_\_\_\_\_

**Beneficiaries:** Who do you wish to inherit from you? (SEPARATE SHEET INCLUDED)

Primary Beneficiary is my spouse : \_\_\_ Yes \_\_\_ No

5. **Parties**. List names and addresses of others involved. Indicate any relationships.

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**RETURN TO:**

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**OPTIONAL BENEFICIARY SEPARATE SHEET (If needed)**

Name\*: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Share: \_\_\_\_\_ (\$ amount or percentage) How? \_\_\_ Outright or \_\_\_ Distributions at stated ages/events?

\*If this person is deceased at your death, who will inherit this share?

\_\_\_ other beneficiaries \_\_\_ his/her children \_\_\_ his/her spouse

Name\*: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Share: \_\_\_\_\_ (\$ amount or percentage) How? \_\_\_ Outright or \_\_\_ Distributions at stated ages/events?

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Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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