

450 W. Wilson Bridge Rd.
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NEW CLIENT INTAKE SHEET

DATE: _____

STATUS: (check appropriate)

- Married Widowed Single
 Veteran Spouse of Veteran
 Minor children Special needs children

ATTACH ADDITIONAL SHEETS, IF NECESSARY

Legal name: _____ **DOB:** ___/___/___ **SSN:** _____
Spouse: _____ **DOB:** ___/___/___ **SSN:** _____
Street: _____ **County:** _____
City: _____ **State:** _____ **ZIP:** _____
Home #: (____) _____ **Do you have long-term care insurance?** _____
Cell #: (____) _____ **Email address:** _____
Spouse Cell #: (____) _____
Work #: (____) _____

BENEFICIARIES (i.e. child, friend, relative, etc.)

1. Beneficiary _____ **Phone:**(____) _____ **DOB** ___/___/___
Address: _____ **County** _____ **Disabled** ___ **Yes** ___ **No** ___
SSN: _____ **Relationship** _____

2. Beneficiary _____ **Phone:**(____) _____ **DOB** ___/___/___
Address: _____ **County** _____ **Disabled** ___ **Yes** ___ **No** ___
SSN: _____ **Relationship** _____

FIDUCIARIES (i.e. executor, trustee, designee, power of attorney)

1. Fiduciary _____ **Phone:**(____) _____ **DOB** ___/___/___
Address: _____ **County** _____

2. Fiduciary _____ **Phone:**(____) _____ **DOB** ___/___/___
Address: _____ **County** _____

3. Fiduciary _____ **Phone:**(____) _____ **DOB** ___/___/___
Address: _____ **County** _____

FIXED INCOME: *Salary, Social Security, Pension, etc.*

\$ _____ Monthly Yearly **Source:** _____ Husband Wife Individual
\$ _____ Monthly Yearly **Source:** _____ Husband Wife Individual
\$ _____ Monthly Yearly **Source:** _____ Husband Wife Individual

ASSETS: *Please list any securities, bonds, mutual funds, bank accounts, CDs, retirement funds, life insurance, annuities, business interests or motor vehicles.*

<u>BANK ACCOUNTS</u>	<u>Type of Acct.</u> (CD,Savings,Checking, IRA)	<u>Approx.</u> <u>Value</u>	<u>Owned by:</u> (Husband/Wife/Joint)
_____		\$	
_____		\$	
_____		\$	
_____		\$	
_____		\$	

<u>SECURITIES/ MUTUAL FUNDS</u>

<u>LIFE INSURANCE</u>	<u>Cash Value</u>	<u>Death Benefit</u>
_____	\$	\$
_____	\$	\$
_____	\$	\$

<u>REAL ESTATE ADDRESS</u>	<u>Approx.</u> <u>Value</u>	<u>Mortgage</u>	<u>Owned By:</u> (Husband/Wife/Joint)
_____	\$	\$	
_____	\$	\$	

MOTOR VEHICLES

LIABILITIES: *Please list any debts you owe.*

<u>Name of Institution</u>	<u>Description</u>	<u>Balance</u>

OFFICE USE ONLY

SHORT FILE NAME _____	INTRO _____
TYPE OF FILE _____	RESP _____
	ASSIGN _____
FULL MATTER NAME _____	REFERRAL:
BILL TO:(if different) _____	___ ATTY ___ OTHER _____
	___ RADIO ___ WEBSITE ___ Y. PAGES
FEE: _____	___ Existing Client-New Matter ___ Existing Contact-New Matter