

NEW CLIENT INFORMATION SHEET

Jennifer Lee Bushnell P.L.L.C.

RETAINER/ COST DEPOSIT:

DATE: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Place of Employment: _____

Military Rank/Rate/Grade: _____ Job Description Code: _____

Work Address: _____

City: _____ State: _____ Zip Code _____

SSNs: _____ DOB: _____

State of Driver's License: _____ Driver License No: _____

Email: _____

All Telephone Numbers: _____

TYPE OF MATTER: _____

Date Served: _____ Court Date: _____

GOALS/OBJECTIVES/QUESTIONS: _____

TO WHOM MAY I THANK FOR YOUR REFERRAL _____

Jennifer Lee Bushnell, P.L.L.C.
Attorney at Law

ACKNOWLEDGMENT

I, _____, understand that the consultation I have with attorney Jennifer Lee Bushnell does not automatically create an attorney-client relationship. In order to retain the attorney, I understand that I am required to bring any necessary paperwork that is requested of me, including a signed Retainer Agreement, and I need to pay the initial retainer fee/cost deposit as agreed upon.

I further understand that if there are any filing deadlines, I need to retain the attorney prior to the deadline or seek an extension from the opposing party/counsel in order to preserve my legal rights in my case. If there is a hearing that has been set at the time of my appointment or a hearing that is scheduled after my appointment with the attorney, the attorney will not be appearing on my behalf if I have not retained the attorney prior to the hearing date.

If I do not retain the attorney within ninety (90) days of the consultation date or notify the attorney in writing that I intend to retain the attorney soon thereafter, I understand that the attorney will close my file and will not take any action on my behalf.

Printed name:

Date: _____

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10. Names of Children, in any (specify if step or adopted):

<u>NAME*</u>	<u>AGE</u>	<u>ADDRESS/PHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Have you ever executed a Prenuptial, Postnuptial or Divorce Agreement? YES/NO(Circle One)
Do you have a Last Will and Testament or Trust in force? YES/NO(Circle One)
Do you have a Durable Power of Attorney? YES/NO(Circle One)
Do you have a Health Care Surrogate? YES/NO(Circle One)
Do you have a Living Will? YES/NO(Circle One)

12. Do you have any items of personal property that you would like distributed to a particular person or entity? If so, please list item and name of person/entity.

13. How do you want the rest of your property distributed at your death?

In order to properly create your estate plan it is necessary for you to provide us with a complete picture of your assets. Your estate plan will be largely influenced by the **types** of assets that you own. For instance, a vacation home in Tennessee, an IRA and a savings account can be handled by different documents and planning techniques. In addition, we need to know the value of your assets to determine whether or not your estate may be liable for estate taxes. Thus, please provide the following information regarding your assets.

14. Present Inventory/assets:

(a) **Real Estate:** (attach additional sheets if necessary)

<u>ADDRESS:</u>	<u>VALUE:</u>	<u>TITLE HOLDER:</u>	<u>MORTGAGE:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you own any property outside of the State of Florida? YES/NO (circle one) If Yes, Where?

(b) **Personal property (i.e. automobiles, furniture, boats, jewelry, paintings, etc.)**

<u>DESCRIPTION</u>	<u>VALUE</u>	<u>OWNER:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(c) **Cash and Savings:**

<u>APPROX. AMOUNT</u>	<u>BANK NAME</u>	<u>OWNER</u>
_____	_____	_____

(d) **Intangible Property (examples: stocks, bonds, notes)**

<u>DESCRIPTION</u>	<u>VALUE</u>	<u>TITLED NAME OF OWNER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(e) **Business Interests:**

<u>COMPANY NAME</u>	<u>INTEREST/VALUE</u>	<u>TITLED NAME OF OWNER</u>
_____	_____	_____
_____	_____	_____

(f) **Insurance:**

<u>TYPE</u>	<u>COMPANY NAME</u>	<u>INSURED</u>	<u>OWNER</u>	<u>BENEFICIARY</u>	<u>VALUE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(g) **Retirement programs (if retired, please indicate that whether or not you are currently receiving benefits):**

15. Who do you want to act as Personal Representative of your estate?

_____ Relation: _____

Who is your second choice to serve as Personal Representative?

_____ Relation: _____

16. Who does your spouse want to act as Personal Representative of spouse's estate?

_____ Relation: _____

Who is your spouse's second choice to serve as Personal Representative?

_____ Relation: _____

17. If you want any property held in trust, who do you wish to act as Trustee:
(Note: There is an additional charge for establishing trusts.)

_____ Relation: _____

Who is your second choice to serve as Trustee?

_____ Relation: _____

18. If your spouse wants any property held in trust, who should act as Trustee:
(Note: There is an additional charge for establishing trusts.)

_____ Relation: _____

Who is your spouse's second choice to serve as Trustee?

_____ Relation: _____

19. Who do you want to serve as guardian of your minor children? Please list address, too.

Who would be your second choice?

20. Who does your spouse want to serve as guardian of minor children? Please list address, too.

Who would be your spouse's second choice?

21. Please list the name and address/telephone number of the person who you would want to make health care decisions on your behalf:

Name: _____

Address: _____

Telephone: _____

Who would be your second choice?

Name: _____

Address: _____

Telephone: _____

22. Please list the name and address/telephone number of the person who your spouse would want to make health care decisions on spouse's behalf:

Name: _____

Address: _____

Telephone: _____

Who would be your spouse's second choice?

Name: _____

Address: _____

Telephone: _____

23. Do you want to give someone a Durable Power of Attorney so that they can make legal decision on your behalf during your life? Yes/No (Circle One) If yes, please give us that person's name and address:

Name: _____

Address: _____

Telephone: _____

24. Does your spouse want to give someone a Durable Power of Attorney so that they can make legal decision on your behalf? Yes/No (Circle One) If yes, please give us that person's name and

address:

Name: _____

Address: _____

Telephone: _____

25. Is there anything else that you or your spouse want us to know regarding your estate planning?

26. If you and your spouse died, how would you want your assets distributed to your children? (For example, support until 18, one-half of trust balance paid at age 21, one-half at age 25, and all of trust balance paid at age 30?)

27. If you or your spouse leave inheritance to family and they predecease you, to whom do you or your spouse want the inheritance distributed?

