

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 _____

SSN: _____ 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 _____

PROBATE INFORMATION QUESTIONNAIRE

Jennifer Lee Bushnell P.L.L.C.

Name of Deceased: _____

Address: _____

Date of Death: _____ Date of Birth: _____

Place of Death: _____ SOCIAL SECURITY NUMBER: _____

Name of Spouse: _____

PERMANENT RESIDENCE AT TIME OF DEATH (Prior to Nursing Home or Hospital):

Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Name of Children/ Address:

NAME	ADDRESS

Any deceased children? YES NO If yes, name: _____

Did the deceased child have children? YES NO if so, name and address of children:

NAME	ADDRESS

PERSONAL REPRESENTATIVE (NAMED IN WILL OR PROPOSED): _____

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: _____

1507 W. Garden Street, Pensacola, FL 32502
850.466.2929 phone • 1.866.466.9791 facsimile • jlb@NWFLattorney.com
www.NWFLattorney.com

Navigating life's storms with personal, professional service