

# 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: \_\_\_\_\_

**ESTATE PLANNING INFORMATION**

Please complete the following information in print (rather than cursive writing). If you have a question regarding the information requested, please call our office.

1. Your Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last                      First                      Middle or Maiden

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a U.S. Citizen? YES/NO (Circle One)

2. Marital Status: Married \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_ (check one)

3. What states other than Florida have you lived in? \_\_\_\_\_

4. Physical Address: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

6. Home phone: \_\_\_\_\_ Office phone: \_\_\_\_\_ Other: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

7. Is your present interest in estate planning driven by any current health issues? Yes/No

8. What is your primary estate planning goal?

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

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

10. 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)




(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):


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

\_\_\_\_\_ Relation: \_\_\_\_\_

Who is your second choice to serve as Personal Representative?

\_\_\_\_\_ Relation: \_\_\_\_\_

15. 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: \_\_\_\_\_

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

Who would be your second choice?

17. 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:

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: -

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