Pockell Law Office, PLLC

New Client Information Sheet

Thank you for scheduling your initial consultation with Pockell Law Office, PLLC. We look forward to meeting you and assisting you in accomplishing your estate planning goals. In preparation for our meeting, please review and/or complete this information sheet. If you would like to submit this information prior to your initial consultation, please do so.

Please be advised that the completion of this form does not constitute an attorney/client relationship. If you retain our office, we will be relying on your responses to customize your estate plan, so please be accurate and make sure to apprise our office promptly if any information changes or needs to be added or removed.

Privacy Policy

All information received from a client is strictly confidential. Our firm takes every step possible to protect your privacy.

Your personal information will only be used in the event that you hire the firm to represent you in your legal matter, and then only when necessary, in limited use during the course of your case.

If you have any questions, please don't hesitate to contact our law office. We look forward to working with you!

CLIENT ONE

Contact information: **Client One**

Full Legal Name (including middle initial and any suffix such as Sr., Jr., III, etc.)

____

Email ____

Phone Number ______________________________________

Street Address ____

City, State, Zip Code ____

Any Former Name(s) ____

What do you prefer to be called ____

Do you have preferred pronouns ____

Your Age ________________

Are you a US Citizen _______________

Current Marital Status ____

Do you pay child support/alimony ______________________

CLIENT TWO

Full Legal Name (including middle initial and any suffix such as Sr., Jr., III, etc.)

____

Email ____

Phone Number ______________________________________

Street Address ____

City, State, Zip Code ____

Any Former Name(s) ____

What do you prefer to be called ____

Do you have preferred pronouns ____

Your Age ________________

Are you a US Citizen _______________

Current Marital Status ____

Do you pay child support/alimony _____________________

MARRIAGE INFORMATION (if married)

Length of Marriage ____________________

Prenuptial Agreement ______________________

ESTATE PLANNING INFORMATION

Do you have an existing estate plan? This could include health care directives, financial (durable) powers of attorney, Last Wills, Trusts and the like. If yes, please provide copies.

What are your goals with respect to estate planning?

If you were unable to make your own health care or financial decisions, do you have an idea who you would want to make such decisions on your behalf?

Are you seeking estate planning based on a specific health concern or diagnoses?

Are you currently serving or are you a veteran of the US Armed Forces?

CHILDREN INFORMATION

Please list all children, alive or deceased, including stepchildren and adopted children

Child #1

This child is (biological/adopted/stepchild/deceased): ________________________________

Full Legal Name (including middle initial and any suffix such as Sr., Jr., III, etc.):

____

City and State of Residence: ____

Age: __________________

Marital Status: __________________

Does this child have any children? ________________________

Child #2

This child is (biological/adopted/stepchild/deceased): ________________________________

Full Legal Name (including middle initial and any suffix such as Sr., Jr., III, etc.):

____

City and State of Residence: ____

Age: __________________

Marital Status: __________________

Does this child have any children? ________________________

Child #3

This child is (biological/adopted/stepchild/deceased): ______________________________

Full Legal Name (including middle initial and any suffix such as Sr., Jr., III, etc.):

____

City and State of Residence: ____

Age: _________________

Marital Status: _________________

Does this child have any children? ______________________

Child #4

This child is (biological/adopted/stepchild/deceased): ______________________________

Full Legal Name (including middle initial and any suffix such as Sr., Jr., III, etc.):

____

City and State of Residence: ____

Age: _________________

Marital Status: _________________

Does this child have any children? ______________________

Child #5

This child is (biological/adopted/stepchild/deceased): ______________________________

Full Legal Name (including middle initial and any suffix such as Sr., Jr., III, etc.):

____

City and State of Residence: ____

Age: _________________

Marital Status: _________________

Does this child have any children? ______________________

Child #6

This child is (biological/adopted/stepchild/deceased): ______________________________

Full Legal Name (including middle initial and any suffix such as Sr., Jr., III, etc.):

____

City and State of Residence: ____

Age: _________________

Marital Status: _________________

Does this child have any children? ______________________

If any child is deceased, please note whether they have surviving children.

Are any of your children or grandchildren disable and receiving government benefits?

ASSET INFORMATION

Real Estate

Please list all real property, including, but not limited to, partial interests, land leases and time shares. Please bring copies of any deeds, if you have them.

Real property #1

Real property #2

Real property #3

Do any of the above properties have any liens/mortgages/home equity loans/lines of credit?

Are any of the real properties listed above rental or commercial properties?

ASSET INFORMATION

Real Estate

Please DO NOT list names of financial institutions or account numbers.

List all non-qualified assets (including, but not limited to, partial interests, land leases and time shares. Please bring or upload copies of any deeds if you have them).

Real property #1: ____

Fair Market Property Value (estimate): ____

Address: ____

City/State: ____

County: ____

Name of Owner(s): ____

Real property #2: ____

Fair Market Property Value (estimate): ____

Address: ____

City/State: ____

County: ____

Name of Owner(s): ____

Real property #3: ____

Fair Market Property Value (estimate): ____

Address: ____

City/State: ____

County: ____

Name of Owner(s): ____

Do any of the above properties have any liens/mortgages/home equity loans/lines of credit? ______

Please explain: ____

Are any of the real properties listed above rental or commercial properties? ____________________

Financial and Investment Assets

Please DO NOT list names of financial institutions or account numbers.

Please list the types of retirement/qualified accounts that you have and the approximate value, owners and beneficiaries of each. (Qualified accounts include, but are not limited to, 401(k), 403(b), IRA, Roth IRA, SEP IRA, TSP, 457, HAS, qualified annuity, etc.).

BUSINESS INTERESTS

Do you own any interest in any businesses? Please include percentage of ownership, legal structure (sole proprietor, LP, LLC, corporation, etc.) as well as State of formation, the type of business and approximate value.

With respect to any business ownership interests, do you have a succession plan (child or employee who would take over)? Buy/Sell Agreement? Life Insurance?

Do you hold any stock options?

MOTOR VEHICLES (including motorcyles/boats/ATV's/Campers)

How many motor vehicles do you own and what are their approximate values?

OTHER TANGIBLE PERSONAL PROPERTY OF VALUE

Other than any property you've already identified in previous answers, do you have any tangible personal property of value (including, but not limited to, artwork, jewelry, collectibles, antiques, electronics, tools, equipment, furniture, vehicles, etc.)?

What is the total approximate value?

Do you have any items of property that you want to specify in your estate planning documents be directed to a particular beneficiary?

What and to whom?

OTHER ASSETS

Are you owed any money (i.e. notes or mortgages from assets sold or a note from a business)?

Do any of your intended beneficiaries owe you money or do you otherwise want to offset a beneficiary's inheritance because of money spent on that beneficiary?

Safety deposit box (es)?

Do you own any interests in any intellectual property? Including, but not limited to, patents, copyrights, etc.

Please list the types of digital assets of value that you own and the approximate value of each. (Digital assets include, but are not limited to, cryptocurrencies, digital currencies, virtual currencies, gift cards, loyalty/reward points, Venmo/PayPal accounts, gaming credits, cold wallets, store credits, bitcoin, digital music, frequent flyer miles, domain names, online storage, cloud storage, etc.)

Do you own any real estate or other assets outside of the United States of America?

Do you have any existing estate planning documents in or for a country other than the United States of America?

Do you expect to inherit any money in excess of $100k?

What is the amount?

Please list all life insurance policies you have and the owner, the death benefit, the cash value, and the first and second beneficiaries on each. (Policy types include whole life policies, term policies, group term policies at work, VUL, UL, etc.). Please DO NOT list names of financial institutions or account numbers.

Do you have long term care insurance?

Do you have personal umbrella insurance and if so, what is the amount of coverage?

Other assets:

EXISTING ADVISORS

Tax Professional:

Name:

Address:

Telephone Number:

Email Address:

Financial Advisor:

ADDITIONAL INFORMATION

Is there anything specific that you would like your attorney to know?

How did you learn about Pockell Law Office?

Thank you!

Thank you so much for completing this intake questionnaire. This information will be extremely helpful in evaluating your case and providing you with an estate plan tailored specifically to you and your family needs. We will contact you if we have any questions. We look forward to meeting you at your consultation.