HARRELL LAW - CONFIDENTIAL CLIENT INTAKE FORM

FOR ESTATE PLANNING CLIENTS

DATE COMPLETED: _____

FULL LEGAL NAME:

_____

First Middle Last

MAIDEN NAME (IF ANY): _____

PHONE NUMBER: _____ [ ] CELL [ ] HOME [ ] WORK

Please note I contact clients primarily through e-mail. To ensure confidentiality, provide a non-work email address. If you wish to be contacted by US Mail instead, please check here [ ].

E-MAIL ADDRESS: _____

RESIDENCE/MAILING ADDRESS:

_____

_____

Do you qualify for the Active/Retired Military, Police/Fire/EMT, or Healthcare Professional 10% discount? [ ] Yes

How did you learn about me? _____

MARITAL STATUS: [ ] Married [ ] Single [ ] Divorced [ ] Widowed [ ] Separated

DATE OF MARRIAGE: _____ DATE OF SEPARATION (IF ANY): _____

COUNTY OF RESIDENCE?_____

SOCIAL SECURITY NUMBER:_____ DATE OF BIRTH:_____

DRIVER'S LICENSE #_____

****** We will need to make a copy of your Driver's License when you come into the office.***

INFORMATION ABOUT SPOUSE:

FULL NAME OF SPOUSE: _____

SPOUSE'S MAIDEN NAME (IF ANY)*:* _____

SOCIAL SECURITY NUMBER OF SPOUSE: _____

SPOUSE'S DATE OF BIRTH: _____

SPOUSE PHONE #:_____

SPOUSE EMAIL: _____

INFORMATION ABOUT CHILDREN/GRANDCHILDREN:

How many children do you have?

Biological? _____ Adopted? _____ Under 18? _____

How many children does your spouse have?

Biological? _____ Adopted? _____ Under 18? _____

How many grandchildren do you and/or your spouse have?

Biological? _____ Adopted? _____ Under 18? _____

We request the following contact information for your beneficiaries or heirs. We may also need this information for any individuals you may appoint as your Power-of-Attorney, Healthcare Representative, Executor, Trustee, or Guardian:

- [ ] Child [ ] Grandchild [ ] Other: _____

  _____

  First Middle Last

  Phone: _____

  Email: _____

  Address:

  _____

- [ ] Child [ ] Grandchild [ ] Other: _____

  _____
  First Middle Last

  Phone: _____

  Email: _____

  Address:

  _____

- [ ] Child [ ] Grandchild [ ] Other: _____

  _____
  First Middle Last

  Phone: _____

  Email: _____

  Address:

  _____

- [ ] Child [ ] Grandchild [ ] Other: _____

  _____
  First Middle Last

  Phone: _____

  Email: _____

  Address:

  _____

- [ ] Child [ ] Grandchild [ ] Other: _____

  _____
  First Middle Last

  Phone: _____

  Email: _____

  Address:

  _____

- [ ] Child [ ] Grandchild [ ] Other: _____

  _____
  First Middle Last

  Phone: _____

  Email: _____

  Address:

  _____

- [ ] Child [ ] Grandchild [ ] Other: _____

  _____
  First Middle Last

  Phone: _____

  Email: _____

  Address:

  _____

- [ ] Child [ ] Grandchild [ ] Other: _____

  _____
  First Middle Last

  Phone: _____

  Email: _____

  Address:

  _____

- [ ] Child [ ] Grandchild [ ] Other: _____

  _____
  First Middle Last

  Phone: _____

  Email: _____

  Address:

  _____

- [ ] Child [ ] Grandchild [ ] Other: _____

  _____
  First Middle Last

  Phone: _____

  Email: _____

  Address:

  _____