

ALL FOR THE FAMILY LEGAL CLINIC, INC.  
 3137 Castro Valley Blvd #210  
 Castro Valley, Ca 94546  
 Ph: 510-999-7732 Fax: 510-999-7985  
 PRoss@allforthefamilylegalclinic.org

**APPLICATION TO BE CONSIDERED FOR LEGAL SERVICES**

\* Although the information in this application and/or your consultation will remain confidential, this application does not create an attorney-client relationship. A fee agreement with us must be signed to create an attorney-client relationship with us.

Name (s): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_

Legal Issue: Check all that apply      **County of Case:**

Will  Living Trust  Medical Directive  Power of Attorney  
 Transfer of Real Property into Trust

To help us determine your sliding scale fee:

Number of Children under 18 who live with you:  
 Number of people who live in your home that you support:  
 Your Annual Income:Spouse Income (if applicable):  
 Other Income, including child support: Explain source and advise amount. :

Do you own or rent:What is your mortgage/rent cost per month:  
 If you pay child support, how much do you pay per month?

**ESTATE PLANNING**

Is there a current estate plan/will in place? If yes, please provide a copy of the documents.

	You	Your Spouse
Full Name		
Birth Date		
Occupation		
Estimated Annual Income from Salary, Bonuses, Etc		
Estimated Annual Investment Income		
Date and Place of Marriage		
If you have lived outside of California during your marriage, please list the states and estimated dates of residence		
If either of you were previously married, list the dates of prior marriage, name of prior spouse, names of living children from prior marriage and state whether marriage ended due to death or divorce		
Location of Safe Deposit Box (if any) (Bank Name , Address, and Box #)		
Life Insurance Information (company, agent, telephone number and policy numberand estimated value/coverage)		

Accountant Information (company, agent, telephone number)		
Financial Planner/Broker information (company, agent, telephone number)		
<b>CHILDREN</b>		
Name	Birthdate	Address
<b>ASSETS</b>		
Type	Current Market Value	Name(s) on Title and Percentage Owned. Is this separate or community property?
Real Estate Owned (Address)		
Bank Accounts Name of Bank, account number, and type of account		
Stocks, Bonds, and Mutual Funds		

Businesses		
Cars/Boats/Rvs, etc		
Retirement Plans- 401k, IRAs, etc - list company holding the plan, current value, and death benefits.		
Other		

<b>LIABILITIES</b>		
List property description, Bank that holds loan, and account number if known  Mortgage(s)	Amount Currently Due	
Car Loans		
Other Debts		

Please generally advise how you wish to distribute your property – real estate and significant personal property (cars, jewelry, stocks, bonds, cash, IRA, life insurance, retirement accounts, etc). If there are beneficiaries other than your spouse or children please advise their name, birthdate, address, and relationship to you.

You:

SPOUSE:

<b>FIDUCIARIES</b>		
Provide NAME, ADDRESS, AND PHONE NUMBER For the following people:	You	Your Spouse
Executor (The person responsible for probating the will, filing the estate tax return, and distributing assets to the beneficiaries)		
First Alternate Executor		
Second Alternate Executor		
Trustee (The person responsible for long term management of property for the surviving spouse, children, or other beneficiaries)		
First Alternate Trustee		
Second Alternate Trustee		
Guardian of Minor Children (The person who will take physical care of minor children should both parents die)		
First Alternate Guardian		

Second Alternate Guardian		
Property Agent (the person who will handle your personal affairs if you become incapacitated )		
First Alternate Property Agent		
Second Alternate Property Agent		
Health Care Agent (person who will make medical decisions for you if you become incapacitated)		
First Alternate Health Care Agent		
Second Alternate Health Care Agent		