



New Client Intake Form Probate

Instructions: Please complete all sections. Any and all information you provide is confidential and protected by Attorney-Client Privilege. Your information will not be disclosed to anyone outside of this office except in the course of rendering legal services on your behalf unless required by law.

Date: _____

CLIENT(S) INFORMATION

Your Name: _____

Address: _____

Cell Phone: _____ Other: _____

E-mail Address(es): _____

SS #: _____ DL #: _____

Nature of case / reason for seeking consultation: _____

How did you hear about our office? _____

DECEDENT INFORMATION

Name: _____

Address: _____

SS #: _____ DL #: _____ Sex: _____ Relationship to Client: _____

Date of Birth: _____ City & State of Birth: _____

Date of Death: _____ City & State of Death: _____

SURVIVING SPOUSE(S) INFORMATION (IF NOT SAME AS CLIENT)

Current Spouse's Name: _____

Address: _____

Cell Phone: _____ Other: _____

E-mail Address(es): _____

Previous Spouse's Name: _____ Date of Divorce: _____

SURVIVING CHILDREN INFORMATION

Name: _____ Date of Birth: _____ Sex: _____

Address: _____

Name: _____ Date of Birth: _____ Sex: _____

Address: _____

Name: _____ Date of Birth: _____ Sex: _____

Address: _____

PAYMENT INFORMATION

If legal plan member, name of plan: _____

Member SS #: _____ Member ID #: _____ Case #: _____

I understand that the cost of a consultation is \$60 and to be paid at time of service.*

Signature: _____

* Legal plan members will be charged according to their respective plans.