

**CLIENT INFORMATION WORKSHEET
FOR DRAFTING TESTAMENTARY DOCUMENTS**

PART 1: PERSONAL DATA

A. Your full name: _____
 Name you preferred to be called: _____ date of birth: _____
 Full Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Employer: _____ Occupation: _____
 Home telephone #: _____ Work #: _____
 Cell #: _____ Email: _____
 Are you a U.S. citizen? Yes No SS#: _____
 DL# _____

B. Are you currently married? Yes No *(If no, skip to section C)*
 Spouse's full name: _____
 How long have you been married to current spouse? _____
 Spouse's date of birth: _____ Currently living together? _____
 Spouse's Street Address (if different): _____
 City: _____ State: _____ Zip: _____ County: _____
 Spouse's Employer: _____ Occupation: _____
 Home telephone #: _____ work #: _____
 Cell #: _____ Email: _____
 Is spouse a U.S. citizen? Yes No SS#: _____
 DL# _____

C. Do you have living children, born or adopted? Yes No *(if no, skip to section D)*

| Name | Living? | | M/F | | Birthdate | Married? | | City/State |
|-------|---------|----|-----|---|-----------|----------|----|------------|
| | Yes | No | M | F | | Yes | No | |
| _____ | | | | | _____ | | | _____ |
| _____ | | | | | _____ | | | _____ |
| _____ | | | | | _____ | | | _____ |
| _____ | | | | | _____ | | | _____ |
| _____ | | | | | _____ | | | _____ |

_____ Yes/No M/F _____ Yes/No _____

For any child, give the name of the child's other parent if not your present spouse. _____

D. OTHER DEPENDENTS (if any – if none, skip to E):

| | | | |
|--------------|------------|--------------------|-----------------------------|
| <u>Name:</u> | <u>M/F</u> | <u>Birth date:</u> | <u>Relationship to you:</u> |
| _____ | M/F | _____ | _____ |
| _____ | M/F | _____ | _____ |

E. GRANDCHILDREN'S INFORMATION

| | | | |
|--------------|------------|--------------------|--------------------------|
| <u>Name:</u> | <u>M/F</u> | <u>Birth date:</u> | <u>Names of parents:</u> |
| _____ | M/F | _____ | _____ |
| _____ | M/F | _____ | _____ |
| _____ | M/F | _____ | _____ |
| _____ | M/F | _____ | _____ |
| _____ | M/F | _____ | _____ |
| _____ | M/F | _____ | _____ |

F. HEIRS - Please list the names of your parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

| | | | |
|--------------|----------------------|----------------|---------------------|
| <u>Name:</u> | <u>Relationship:</u> | <u>Living?</u> | <u>City, State:</u> |
| _____ | _____ | Yes/No | _____ |
| _____ | _____ | Yes/No | _____ |
| _____ | _____ | Yes/No | _____ |
| _____ | _____ | Yes/No | _____ |
| _____ | _____ | Yes/No | _____ |
| _____ | _____ | Yes/No | _____ |

G. Please provide the following information regarding any former marriages:

| | | |
|------------------------------|----------------|---------------------------------|
| <u>Name of former spouse</u> | <u>Living?</u> | <u>Date of Death or Divorce</u> |
| _____ | YES/NO | _____ |
| _____ | YES/NO | _____ |
| _____ | YES/NO | _____ |

H. Do you presently have a Will? No Yes Date of Will: _____
 Was it signed in Texas? Yes No If not, where? _____
 Amended Will or Codicil? Yes No Date: _____
 Spouse presently has a Will? No Yes Date of Will: _____
 Was it signed in Texas? Yes No If not, where? _____
 Amended Will or Codicil? No Yes If yes, what date: _____
 Are you a beneficiary, trustee (singly or jointly), or creator of a trust? No Yes
 If yes, name and date of the trust: _____

 Is your spouse a beneficiary, trustee (singly or jointly), or creator of a trust? No Yes
 If yes, name and date of the trust: _____

PART 2: YOUR DISPOSITIVE PLAN

Describe in general terms how you wish to distribute your property under your will: _____

Is anyone to be specifically *excluded*? (Details) _____

Beneficiaries to receive property in trust upon your death? minors only specific others:

Details of Contingent Trust:
 In Trust until age _____, then remainder outright
 In Trust to be used for the health, safety, and education of beneficiaries, at the discretion of the Trustee.
 Percent: _____ at age _____ then remainder at age _____, OR

[] Amount: _____ at age _____ and remainder at age _____

PART 3: YOUR DESIGNEES

EXECUTOR: the person who will be responsible for probating your will, filing the estate tax return if necessary, paying debts of estate, and distributing assets to the beneficiaries.

Name of Executor: _____ relationship: _____

1st alternate: _____ relationship: _____

2nd alternate: _____ relationship: _____

TRUSTEE: the person who will be responsible for the long-term management of property for the surviving spouse, children, or other beneficiaries.

Name of Trustee: _____ relationship: _____

1st Alternate Trustee: _____ relationship: _____

2nd Alternate Trustee: _____ relationship: _____

GUARDIAN OF MINOR CHILDREN: the person who will take physical care of your minor children or other incapacitated persons should both parents die.

Name of Guardian: _____ relationship: _____

1st Alternate: _____ relationship: _____

2nd Alternate: _____ relationship: _____

PART 4: FUNERAL and BURIAL ARRANGEMENTS

Do you want to a provision regarding funeral arrangements? [] NO [] YES

If yes, what special arrangements are you requesting? _____

PART 5: OTHER DOCUMENTS TO BE PREPARED

INITIAL AND COMPLETE THE FOLLOWING SECTIONS ONLY IF YOU ARE REQUESTING THESE ADDITIONAL DOCUMENTS BE PREPARED:

POWER OF ATTORNEY (i.e., the person who will be responsible for handling your financial affairs in the event you become incapacitated)

The Power of Attorney is to take effect: immediately upon my disability

1. Name of Agent: _____ relationship: _____
Street address: _____
City: _____ State: _____ Zip code: _____
Hm Phone No.: _____ Wk Phone No.: _____
 2. Alternate agent: _____ relationship: _____
Street address: _____
City: _____ State: _____ Zip code: _____
Hm Phone No.: _____ Wk Phone No.: _____
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MEDICAL POWER OF ATTORNEY (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

The Medical Power of Attorney is to take effect: immediately upon my disability

1. Name of Health Care Surrogate: _____
Relationship: _____
Street address: _____
City: _____ State: _____ Zip code: _____
Hm Phone No.: _____ Wk Phone No.: _____
2. Alternate Health Care Surrogate: _____
Relationship: _____
Street address: _____
City: _____ State: _____ Zip code: _____
Hm Phone No.: _____ Wk Phone No.: _____

[_____] **HEALTHCARE DIRECTIVE** (*Directive to physicians regarding life saving procedures*)

[_____] **APPOINTMENT OF AGENT FOR DISPOSITION OF REMAINS**

If you are not married, is there someone other than a direct family member that is to be named as the person in charge of funeral arrangements and details regarding your funeral, burial, or cremation?

[] Yes [] No If yes, name: _____

Relationship (friend, life partner, etc.): _____

Signature: _____ *Date:* _____

CONSULTATION AGREEMENT

You have agreed to pay JUSTICE LAW FIRM, PC a non-refundable flat fee of \$150.00 for a legal consultation. This fee is to compensate attorney for his/her time, as well as for loss of potential future business due to conflicts of interest that are likely to arise as a result of this legal consultation; the fee is deemed earned by the attorney immediately upon receipt. The fee is not related to the complexity of the problem or to the nature or content of the advice given.

The attorney does not represent you during this consultation, but will advise you of whether or not a cause of action might exist, your legal options and potential remedies, potential consequences, and whether or not the attorney is willing and able to represent you in the matter at hand. The consultation alone does not create a fiduciary duty on the part of the attorney, and the attorney has no duty to follow up on your legal matter without further written agreement.

The attorney will offer advice to the best of his/her ability based upon the information that you provide, and may not be able to advise you properly or thoroughly if you do not provide all of the information requested. With very few and limited exceptions, information you provide to us in regard to the subject matter of the legal consultation is kept strictly confidential. If you refuse to provide the basic information requested in the intake form then the attorney will not be able to consult with you.

You may be advised in your consultation that you do not have a cause of action. If you are advised that a cause of action does exist, the attorney may or may not choose to represent you in the matter, taking into account factors such as the type of matter at hand, the time commitment involved compared with his/her current case load, the level of expertise required, and existing or potential conflicts of interest. Fees quoted by the attorney for representation will also depend upon such factors. You may receive a referral from our office; in that event, you understand that we are not responsible for the actions or inactions of another professional.

If it becomes necessary to consult with the attorney regarding another matter, another consultation fee will be charged. If you later need additional advice involving this same matter, you will be charged our regular hourly rate. There will be a \$40.00 fee for any returned checks, and you are responsible for all expenses associated with collection of funds, including attorney fees.

You also understand that the attorney you will be consulting with is not a tax specialist and has not agreed to render tax services.

Printed Name: _____

Address: _____

Phone: _____

Email: _____

Signature

Date

How did you hear about our law firm? phone book internet magazine ad

I'm a past client referral from _____

other: _____