

### CLIENT INFORMATION

DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ NICKNAME (What should we call you?) ("\_\_\_\_\_") AGE: \_\_\_\_\_ U.S. CITIZEN \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_ DOB \_\_\_\_\_ HEALTH: \_\_\_\_\_

e-mail: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ ("\_\_\_\_\_") AGE: \_\_\_\_\_ U.S. CITIZEN \_\_\_\_\_

\* Social Security Number: \_\_\_\_\_ DOB \_\_\_\_\_ HEALTH: \_\_\_\_\_

e-mail: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

COUNTY: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ CELL \_\_\_\_\_

WK(His): \_\_\_\_\_ COMPANY: \_\_\_\_\_ YEARS \_\_\_\_\_  
Or retired from

WK(Hers): \_\_\_\_\_ COMPANY: \_\_\_\_\_ YEARS \_\_\_\_\_  
Or retired from

MILITARY SERVICE DATES IN SERVICE? \_\_\_\_\_ RETIRE FROM SERVICE? \_\_\_\_\_ SERVICE RELATED INJURY? \_\_\_\_\_

MARITAL: YEARS MARRIED \_\_\_\_\_ PREVIOUS MARRIAGE? Him \_\_\_\_\_ Children \_\_\_\_\_

Her \_\_\_\_\_ Children \_\_\_\_\_

CHILDREN: (OR SPECIFY HEIRS AT LAW IF NO SPOUSE OR DESCENDANTS)

MENT/PHYS DISABILITY	Male/ Female	FULL NAME	NICKNAME (What do you call them?) ("_____")	AGE	MARITAL STATUS	# OF CHILDREN
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Do you have any deceased children? \_\_\_\_\_ Name(s) \_\_\_\_\_ Age \_\_\_\_\_ # of Children \_\_\_\_\_

HIS PARENTS LIVING: \_\_\_\_\_ INHERITANCE?: \_\_\_\_\_ LIKELY TO SUPPORT PARENTS? \_\_\_\_\_

HER PARENTS LIVING \_\_\_\_\_ INHERITANCE?: \_\_\_\_\_ LIKELY TO SUPPORT PARENTS? \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

REFERRED BY/ SEMINAR ATTENDED: \_\_\_\_\_ Law Firm Staff Member Responsible For Your File: \_\_\_\_\_

\_\_\_\_\_