

Client Information Sheet – Probate

Please complete this form as fully as possible. Where asked for names, put the full first, middle, and last names, if known.

Name: _____

Address: _____ Employer: _____

City State Zip Employer address: _____

Social Security #: _____ Driver's License #: _____

Home ph: _____ Work ph: _____ Fax: _____

Cell: _____ Email: _____

Confidential messages may be left for me via (check all that apply):

Recording at office Recording at home Email Fax Other: _____

How did you hear of our Office: Yellow Pages (City) _____ Friend _____

Plano Bar Referral Allen Online Findlaw Lawyers.com Other: _____

May Ms. Northcutt call the referring person or friend and thank him/her for the referral? Yes No

Nature of matter:

Fee Agreement for Initial Consultation

Charges for an initial office consultation must be paid at the time of the appointment unless other arrangements have been made with the attorney prior to the appointment. Consultation charges are as follows:

Up to one-half hour: \$80.00

Over one-half hour up to two hours: \$40.00 per quarter hour or fraction thereof.

No services will be performed beyond the initial consultation without a written engagement contract.

Your questions about professional fees are invited. The attorney-client relationship is better served by open discussion of fees. This information has been provided to you so that you will have a pre-interview opportunity to consider financial arrangements.

The State Bar of Texas investigates and prosecutes professional misconduct committed by Texas attorneys. Although not every complaint against or dispute with a lawyer involves professional misconduct, the State Bar's Office of General Counsel will provide you with information about how to file a complaint if you feel one is warranted. You may call 1-800-932-1900 for more information.

I have read and understand the above, and agree to pay the above consultation fee.

Your signature

Date

Deceased's Information

Name: _____ Married at time of death? _____

Address: _____ Previously Married? _____

Birth Date: _____ Date of death: _____ Social Security # _____

Place of death: _____

Spouse (if different than client)

Name: _____ Age: _____

Address: _____ Phone: _____

Date of Marriage: _____

Children

Name: _____ Age: _____ Marital Status: _____

Address: _____ Phone: _____

_____ Birth date: _____

Name: _____ Age: _____ Marital Status: _____

Address: _____ Phone: _____

_____ Birth date: _____

Name: _____ Age: _____ Marital Status: _____

Address: _____ Phone: _____

_____ Birth date: _____

Name: _____ Age: _____ Marital Status: _____

Address: _____ Phone: _____

_____ Birth date: _____

Name: _____ Age: _____ Marital Status: _____

Address: _____ Phone: _____

_____ Birth date: _____

Former spouse, if any

Name: _____ Age: _____

Address: _____ Phone: _____

Date of Marriage: _____ Date of Divorce: _____

Estimated Asset Information

	<i>Value</i>	<i>Comments</i>
Life Insurance	_____	_____
IRA's, 401(k)s, Profit Sharing	_____	_____
Residence	_____	_____
Stocks, Bonds, Mutual Funds	_____	_____
Cash, CD's, Savings, Checking	_____	_____
Notes (people owe you money)	_____	_____
Business Interests	_____	_____
Cars, Jewelry, Furniture, etc.	_____	_____

TOTAL ESTATE =====