

# Client Information Sheet – Estate Planning

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

## Client's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_

\_\_\_\_\_ Employer address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Previously Married? \_\_\_\_\_ Children from previous marriage? \_\_\_\_\_

Birth city/state: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Driver's Lic. No.: \_\_\_\_\_

Home ph: \_\_\_\_\_ Work ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

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 Northcutt Law Office:  Yellow Pages  Plano Bar Referral  Allen Online

Findlaw  Lawyers.com  Other: \_\_\_\_\_

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

Topics to discuss at your appointment: \_\_\_\_\_

## 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

## Children

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Grandchildren: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Grandchildren: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Grandchildren: \_\_\_\_\_

**Guardian of the Children's Estate and / or Person**

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Asset Information**

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

***Who do you want to name as Executor of your estate?***

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

***Who do you want to name as Agent on your Business Power of Attorney?***

(This power of attorney gives the person or persons you name the power to sign your name if you are unable to do so. For instance, it can be used to sign to sign a deed or tax return, or to make gifts of your property.)

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

***Who do you want to name as Agent on your Medical Power of Attorney?***

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Do you want a Directive to Physicians?** \_\_\_\_\_ Yes \_\_\_\_\_ No

