

Date: \_\_\_\_\_

### Client Intake Sheet

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

Home Address: \_\_\_\_\_

\_\_\_\_\_

How long? \_\_\_\_\_ Prior residences: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone No.: \_\_\_\_\_

Prefer to be called at: Home - \_\_\_\_\_ Work - \_\_\_\_\_

Correspondence to be sent: Home - \_\_\_\_\_ Work - \_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of birth: Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

Social Security No.: Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

Are you a veteran or member of any fraternal organizations?

Yes - \_\_\_\_\_ No - \_\_\_\_\_

If so, please list \_\_\_\_\_

Married: Yes - \_\_\_\_\_ No - \_\_\_\_\_ If married, date/place of marriage

\_\_\_\_\_

Complete the following for spouse:

Full name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone No.: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Is there a prenuptial agreement? \_\_\_\_\_  
(If so, please attach a copy)

If spouse was previously married, indicate whether that marriage ended by:

\_\_\_\_\_ death, if so, date: \_\_\_\_\_

\_\_\_\_\_ divorce, if so, date: \_\_\_\_\_

If presently not married, indicate whether:

\_\_\_\_\_ never married

\_\_\_\_\_ previously married

If married previously, indicate whether:

Prior marriage ended in divorce \_\_\_\_\_, if so: date: \_\_\_\_\_/

place: \_\_\_\_\_

Prior marriage ended with death of spouse, if so: date: \_\_\_\_\_/

place: \_\_\_\_\_

Is there a separation agreement: \_\_\_\_\_ Yes \_\_\_\_\_ No

If there are children, complete the following for each child:

Name	Date/Place of Birth	Residence, if not living at home
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you, your spouse and children citizens of the U.S.?  
\_\_\_\_\_ Yes \_\_\_\_\_ No      If no, indicate who is not a citizen of U.S. and place of  
citizenship \_\_\_\_\_

Do you or your spouse have any children by a previous marriage?  
\_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, list custodial parents, names, addresses,  
dates of birth:  
\_\_\_\_\_

Does spouse or any child have any physical, mental or emotional disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have \_\_\_\_\_ Will/Codicil; \_\_\_\_\_ Power of Attorney  
\_\_\_\_\_ Durable Power of Attorney

(If so, please attach copies)