

Date: _____

Referred By: _____

It is important to complete this questionnaire as fully and accurately as possible. You will be paying for the time we spend on your case and you will save expenses by providing us with complete information. The information you provide on this form provides us with necessary information so that we can do our best work for you. Your thoroughness will alert us to items we should review. We do not know the facts of your case as well as you do. Tell us as much as you know.

Social Security Number Privacy Policy

Social Security information will only be used in the event you hire the firm to represent you in your legal matter, and then only when necessary, in limited use during the course of your case.

Signature

Date: _____

Client

Name: _____

First Last Maiden

Other Names Used: _____

Address: _____

Telephone: _____

Email: _____

Social Security No. _____

DOB: _____

Place of Birth: _____

If born out of state, how long have you resided in Pennsylvania? _____

State/County of previous residence: _____

Current Marital Status: _____

Date of Marriage: _____

Place of Marriage: _____

Occupation: _____

Employer: _____

Address: _____

Telephone: _____

Armed Forces? Yes No

Armed Forces Status: _____

Description of Service (including dates, rank and any special circumstances):

Spouse

Name: _____

First Last Maiden

Other Names Used: _____

Address: _____

Telephone: _____

Email: _____

Social Security No. _____

DOB: _____

Place of Birth: _____

If born out of state, how long have you resided in Pennsylvania?

State/County of previous residence: _____

Current Marital Status: _____

Date of Marriage: _____

Place of Marriage: _____

Occupation: _____

Employer: _____

Address: _____

Telephone: _____

Armed Forces? Yes No

Armed Forces Status: _____

Description of Service (including dates, rank and any special circumstances):

Previous Marriages

Your previous spouse: _____

Address: _____

Has your spouse previously been married?

If yes, does your spouse have any children to the prior marriage? _____

Have you and your spouse entered into any antenuptial or postnuptial agreements? _____

Children & Other Family Members

Use full legal name. For relationship: use "JT" if both spouses are parents, "H" if husband is the parent, "W" if the parent, and "S" if a single parent.

Name	Date of Birth	Parent or Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Advisors

- | | |
|--------------------------------|------------------|
| 1. Personal Attorney: _____ | Telephone: _____ |
| 2. Accountant: _____ | Telephone: _____ |
| 3. Financial Advisor: _____ | Telephone: _____ |
| 4. Life Insurance Agent: _____ | Telephone: _____ |

Your Concerns

Please rate the following as to how important they are to you:

H = High Concern S = Some Concern L = Low Concern N/A = No Concern or not applicable

	Husband	Wife	Single
1. Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.			
2. Providing for and protecting a spouse.			
3. Providing for and protecting children.			
4. Providing for and protecting grandchildren.			
5. Disinheriting a family member.			
6. Providing for charities at the time of death.			
7. Plan for the transfer and survival of family business.			
8. Avoiding or reducing your estate taxes			
9. Avoiding probate.			
10. Reduce administration costs at the time of death.			
11. Avoiding a guardianship in case of a disability.			
12. Avoiding will contests or other disputes upon death.			
13. Protecting assets from lawsuits or creditors.			

14. Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.			
15. Plan for a child with disabilities or special needs, such as medical or learning disabilities.			
16. Protect children's inheritance in the event of a surviving spouse's remarriage.			
17. Provide that your death shall not be unnecessarily prolonged by artificial means or measures.			

18. Other concerns:

Important family questions

<p>1. Are you (or your spouse) receiving Social Security, disability, or other governmental assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. If married, have you and your spouse signed a pre- or post-marriage contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you (or your spouse) been widowed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Do any of your children receive governmental support or benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>6. Have you (or your spouse) completed previous will, trust, or estate planning? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Are you (or your spouse) currently the beneficiary of anyone else's trust? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Do any of your children have special educational, medical, or physical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you provide primary or other major financial support to adult children or others? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Property Information

Real Property

Any real estate including your family residence, vacation home, timeshare, vacant land, etc.

General Description/Address	Owner	Market Value	Loan Balance
1.			
2.			
3.			

Furniture and Personal Effects

List separately only major personal effects such as jewelry, collections, antiques, furs and all other valuable non-business personal property. Give a lump sum for value for miscellaneous, less valuable items.

General Description	Owner	Market Value	Loan Balance
1. Miscellaneous Furniture and Household Effects (total)			
2.			
3.			
4.			
5.			

Automobiles, Boats and RVs

General Description	Owner	Titled	Market value	Encumbrance
1.				
2.				
3.				
4.				
5.				

Bank Accounts

Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (indicate type below). Do not include IRAs or 401(k)s here.

Name of Institution & Account Number	Type	Owner	Amount
1.			
2.			
3.			
4.			
5.			

Stocks and Bonds

List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.

Stocks, Bonds and Investment Accounts	Type	Acct. Number	Owner	Amount
1.				
2.				
3.				
4.				
5.				

Life Insurance Policies and Annuities

TYPE: Term, whole life, split dollar, group life, annuity.

Type: _____

Insurance Company: _____

Face Amount (death benefit): _____

Whose life is insured? _____

Who owns the policy: _____

Who are the current beneficiaries?

Who pays the premium? _____

Who is the life insurance agent? _____

Type: _____

Insurance Company: _____

Face Amount (death benefit): _____

Whose life is insured? _____

Who owns the policy: _____

Who are the current beneficiaries?

Who pays the premium? _____

Who is the life insurance agent? _____

Retirement Plans

Type: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K).

Type	Describe the type of plan.	Current Value	Other pertinent information
1.			
2.			
3.			
4.			
5.			

Business Interests

General (GP) and Limited Partnerships (LP), Sole Proprietorships (SP), privately-owned corporations (POC), professional corporations (PC), oil interests (OI), farm (F), and ranch interests (R).

Type	Description of Interests	Who has Interest?	Your Ownership Interests	Estimated Value of the Interests
1.				
2.				
3.				

Money Owed to You

Name of Debtor	Date of Note	Maturity Date	Owed To:	Current Bal.

Money Owed to You

Gifts and Inheritances that you expect to receive at some time in the future or moneys that you anticipate receiving through a judgment in a lawsuit.

1.

2.

3.

4.

5.

Design Information

Guardianship for Minor Children: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name and Address

Relationship

1.

2.

Initial Trustee(s): Usually the Maker will be the Trustee of his or her own trust. Often, both spouses, jointly. Allows you to continue to jointly control your assets as before.

Name and Address

Relationship

1.

2.

Disability Trustee: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

<i>Name and Address</i>	<i>Relationship</i>
1.	
2.	

Death Trustee: After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

<i>Name and Address</i>	<i>Relationship</i>
1.	
2.	

OFFICE USE ONLY

Client ID Obtained?

Phone Call Policy?

Credit Card Authorization?

FEE ARRANGEMENT

\$ _____ Retainer No. of Hours Covered by Retainer _____
\$ _____ Hourly

Filing Fees:

- Divorce Complaint \$190.75
- Per Additional Count for Divorce \$260.75
- If Custody Count in Divorce \$162.00
- Praecipe to Transmit the Record \$20.00
- Service \$85.00 (Allegheny County ONLY)
- First Filing on Case as Defendant: \$35.00

Outside Allegheny County Additional Fees:

County: _____

Fees:
