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**CONFIDENTIAL CLIENT INTAKE SHEET**

*BY PROVIDING THIS INFORMATION, THE ATTORNEY CAN DISCUSS THE SOLUTIONS OF YOUR MATTER RATHER THAN COLLECTING THE FACTS.*

*\*\*\*IF THIS FORM IS NOT FULLY COMPLETED, WE RESERVE THE RIGHT TO BILL FOR THE ATTORNEY'S TIME AT YOUR CONSULTATION TO COMPLETE THE REQUIRED INFORMATION.*

**SECTION 1.**

FIRST NAME (s): \_\_\_\_\_

LAST NAME: \_\_\_\_\_

DATE (s) OF BIRTH \_\_\_\_\_

EMAIL: \_\_\_\_\_

SECONDARY EMAIL: \_\_\_\_\_

FIRST NAME FOR EMAIL COMMUNICATION: \_\_\_\_\_

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

STREET ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

IF CALLING ON BEHALF OF SOMEONE ELSE:

PONT OF CONTACT/RELATIONSHIP: \_\_\_\_\_

POINT OF CONTACT PHONE NUMBER: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE FIRM? \_\_\_\_\_

**SECTION 2.**

MARITAL STATUS \_\_\_\_\_ CHILDREN (NUMERICAL NUMBER) \_\_\_\_\_

ARE THE CHILDREN OF ONE SPOUSE OR BOTH? PLEASE EXPLAIN:

\_\_\_\_\_

SUMMARY OF GOALS TO BE DISCUSSED WITH ATTORNEY:

\_\_\_\_\_

FAMILY SITUATION NOTES:

\_\_\_\_\_

ARE ANY OF THE PARTIES INCLUDING CHILDREN DISABLED?  YES  NO

IF SO, WHO? \_\_\_\_\_

IS IT FOR SOCIAL SECURITY PURPOSES?  YES  NO

PLEASE LIST NATURE OF DISABILITIES:

\_\_\_\_\_

**ARE YOU A VETERAN?**  YES  NO

**ARE YOU THE SURVIVING SPOUSE OF A VETERAN?**  YES  NO

**IF YOU ANSWERED YES TO EITHER OF THE ABOVE, PLEASE INCLUDE THE VETERAN'S DATES OF SERVICE:**

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**WHAT IS THE CURRENT HEALTH SITUATION OF THE PERSON WE ARE WORRIED ABOUT?**

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**ARE THEY IN A NURSING HOME, ASSISTED LIVING FACILITY OR RECEIVING IN-HOME HEALTH CARE?  
PLEASE SPECIFY:**

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**SECTION 3.**

**LIST ALL INCOME AND SOURCES:**

SOURCE	MONTHLY AMOUNT

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**SPOUSE INCOME AND SOURCES:**

SOURCE	MONTHLY AMOUNT

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PLEASE LIST ANY ADDITIONAL SOURCES OF INCOME AND AMOUNTS BELOW:

NAME	SOURCE	MONTHLY AMOUNT

**SECTION 4.**

**REAL PROPERTY**

DO YOU OWN YOUR HOME OR RENT?  OWN  RENT

IF YOU OWN, WHAT IS THE APPROXIMATE VALUE: \_\_\_\_\_

IS THERE A MORTGAGE? IF SO, WHAT IS THE APPROXIMATE REMAINING BALANCE:

\_\_\_\_\_

WHO ARE THE OWNERS OF THE PROPERTY?

\_\_\_\_\_

DO YOU HAVE OTHER REAL PROPERTY?  YES  NO

(SECOND HOME, RENTAL PROPERTIES, TIMESHARES, IN STATE OR OUT OF STATE)

OWNERS	TYPE	LOCATION	APPROXIMATE VALUE	MORTGAGE BALANCE

\_\_\_\_\_

**SECTION 5.**

**DO YOU HAVE BANK ACCOUNTS?**  YES  NO

**OWNERS, APPROXIMATE VALUES AND TYPE OF EACH ACCOUNT:**

OWNER(S)	TYPE (CHECKING/SAVINGS)	VALUES	BENEFICIARIES DESIGNATED?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**DO YOU HAVE INVESTMENTS, ANNUITIES, IRAS OR 401(K) PLANS?**  YES  NO

OWNER(S)	TYPE	VALUES	BENEFICIARIES DESIGNATED?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**DO YOU HAVE LIFE INSURANCE?**  YES  NO

POLICY HOLDER	TYPE (TERM OR WHOLE LIFE?)	DEATH BENEFIT AMOUNT?	IF WHOLE LIFE, WHAT IS THE CASH SURRENDER VALUE?

**DO YOU HAVE LONG TERM CARE INSURANCE?**  YES  NO

**\*\*IF YES, BRING POLICY TO THE APPOINTMENT.**

**ANY OTHER IMPORTANT FACTS:**

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***If you have any existing estate planning documents, please bring copies to your consultation.***

Thank you for providing the above information to our firm.

Please return the completed sheet to [intake@etelf.com](mailto:intake@etelf.com), fax at 772-878-2981 or by mail at 2940 S. 25<sup>th</sup> Street, Fort Pierce, FL 34981. Thank you and we look forward to having you in our office.