

CLIENT INFORMATION SHEET – GUARDIANSHIP

Please fill out as completely as possible. Thank you!

Office Use Only

Name: _____ Preferred name: _____
First Name Middle Last Name

Home Address: _____

Mailing Address (if different): _____

Employer: _____ Work Ph: _____ Employer address: _____

Cell Ph: _____ Home Ph: _____ Email: _____

Birth Date: ____/____/____ Birth city/state: _____ Fax: _____

Social Security No.: _____ Driver's License No.: _____ Education: _____

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

Recording at office Recording at home Recording at cell Email Fax Other: _____

How did you hear of our office: Allen Image Allen Online Lawyers.com Yellow Pages Facebook

Friend _____ Other: _____

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: \$150.00

Over one-half hour: \$75.00 per ¼ hour increments

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

Ward's Information

Name: _____ Married at time of disability? Yes No

Address: _____ Previously Married? Yes No

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

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	_____	_____