

CLIENT INFORMATION SHEET – PROBATE

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):

Cell Phone Voicemail Home Phone Voicemail Work Phone Voicemail Email Fax Other: _____

How did you hear of our office? Allen Image Allen Online Facebook Other: _____

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

Deceased's Information

Name: _____ Married at time of death? _____

Address: _____ Previously Married? Yes No

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

Place of death: _____

Spouse (if different than client)

Name: _____ Age: _____ Phone: _____

Address: _____

Date of Marriage: _____ Place of Marriage: _____

Former spouse, if any

Name: _____ Age: _____ Phone: _____

Address: _____

Date of Marriage: _____ Place of Marriage: _____ Date of Divorce: _____

Children of Deceased

Name: _____ Sex: Male Female Birthdate:_____ Marital Status:Married Single

Address: _____ Phone: _____

Name: _____ Sex: Male Female Birthdate:_____ Marital Status:Married Single

Address: _____ Phone: _____

Name: _____ Sex: Male Female Birthdate:_____ Marital Status:Married Single

Address: _____ Phone: _____

Name: _____ Sex: Male Female Birthdate:_____ Marital Status:Married Single

Address: _____ Phone: _____

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	=====	

Debts

Are there any debts against the estate ? Yes No

If so, please list: _____

Medicaid

Did the Descendent apply for and receive any Medicaid benefits on or after March 1, 2005? Yes No

Does Medicaid have a claim against the estate? Yes No

If yes, please explain: _____