



Individual Client

PERSONAL DATA

Full (Legal) Name _____ (A/K/A) _____

Street Address _____

City _____ County _____ State ____ Zip _____

Birth Date _____ Social Security # _____

U. S. Citizen? Yes No Veteran? Yes No

Marital Status: Married Widowed Divorced Never Married

Home Phone _____ Cell Phone _____

Email address _____

Residence? Own Rent Home Value _____

Mortgage Balance _____ If Mortgage Rate/Term _____

Reverse Mortgage Yes No

MEDICAL INFORMATION

Your Health

YOUR LEGAL NEED

Please describe the issue(s) you are concerned with and the outcome you hope to achieve.

Client's Children

Do any of your children have health or special needs? Yes No

Does any child receive SSI or other government assistance? Yes No

Do you have any concerns about any of your children? Yes No

1. _____
Name (as child would sign it) DOB

Address

Phone Number # of children/# of stepchildren

Marital Status Spouse's Name Email address

2. _____
Name (as child would sign it) DOB

Address

Phone Number # of children/# of stepchildren

Marital Status Spouse's Name Email address

3. _____
Name (as child would sign it) DOB

Address

Phone Number # of children/# of stepchildren

Marital Status Spouse's Name Email address

4. _____
Name (as child would sign it) DOB

Address

Phone Number # of children/# of stepchildren

Marital Status Spouse's Name Email address

5. _____
Name (as child would sign it) DOB

Address

Phone Number # of children/# of stepchildren

Marital Status Spouse's Name Email address

6. _____
Name (as child would sign it) DOB

Address

Phone Number # of children/# of stepchildren

Marital Status Spouse's Name Email address

