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**CLIENT INITIAL INFORMATION
QUESTIONNAIRE
ESTATE PLANNING**

For Office Use Only

Atty/Paralegal _____

Date Opened _____

File No. _____

FEE: \$100.00 FOR INITIAL HALF HOURS CONSULTATION WITH ASSOCIATES. ANY TIME OVER THE FIRST ½ HOUR WILL BE CHARGED AT THE ATTORNEY'S APPLICABLE HOURLY RATE. MR. CURRY'S INITIAL CONSULTATION FEE FOR FAMILY LAW MATTERS IS \$500.00 FOR UP TO ONE HOUR. THIS FEE SHALL BE PAID IN ADVANCE TO RECEPTIONIST PRIOR TO SEEING YOUR ATTORNEY UNLESS PRIOR ARRANGEMENTS ARE MADE.

GENERAL INFORMATION

The Attorney you are seeing: _____ Date _____

Who referred you to Curry Law Group, P.A.?

Have you seen our advertisements in/on: _____ TV _____ Phone Book _____ (which)

_____ Magazines _____ Newspaper _____ (which)

Are you a prior client? _____ If yes, when? _____

Name of Attorney that represented you _____

QUESTIONNAIRE

Please Print Clearly

A. NAMES, ADDRESSES, CHILDREN, MARRIAGES, OTHER GENERAL INFORMATION

1. HUSBAND'S FULL NAME _____ U.S. CITIZEN _____
DATE OF BIRTH: _____ S.S. # _____ BUS. TEL # _____
EMPLOYER: _____ POSITION: _____

2. WIFE'S FULL NAME _____ U.S. CITIZEN _____
DATE OF BIRTH: _____ S.S. # _____ BUS. TEL # _____
EMPLOYER: _____ POSITION: _____

3. HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTY _____
HOME TEL # _____ EMAIL _____

4. FULL NAMES OF CHILDREN OF PRESENT MARRIAGE DATE OF BIRTH MARITAL STATUS SPOUSE'S NAME

5. _____

BUSINESS ABILITY OF CHILDREN: _____

6. PRIOR MARRIAGES

HUSBAND: Name of Former Spouse _____
Full names and ages of children of prior marriage _____

WIFE: Name of Former Spouse _____
Full names and ages of children of prior marriage _____

7. Are there any prenuptial or Postnuptial Agreements between spouses or has either spouse been divorced? If yes, obtain copies _____

8. OTHER BENEFICIARIES TO BE INCLUDED IN WILL (Indicate age if direct or contingent beneficiary):

HUSBAND: _____
WIFE: _____

9. SPECIAL FINANCIAL OR MEDICAL NEEDS OF HUSBAND, WIFE AND DEPENDANT:

10. INCLUDE LIFETIME TRANSFERS – PROVIDE GIFT TAX RETURNS: _____

B. ASSETS AND LIABILITIES

	Description	Name of Husband State Value	Name of Wife State Value	Joint w/ Spouse State Value
1.	Residence			
2.	Other Real Estate; Description			
3.	Other Real Estate; Description			
4.	Personal Property: Furnishings Jewelry & Furs Objects of Art Collections (Stamp, Coin, etc.) Autos & Boats Other (Describe)			
5.	Marketable Securities: Stocks Bonds Mutual Funds Other (Describe)			
6.	Cash and Bank Accounts: Checking Savings			

	Money Market Other (Describe)			
7.	Business Interests % of: Ownership Proprietorships Partnerships/LLCs Corporations: a. Regular b. S Corporations			
8.	Notes & Accounts Receivable (Owed to Client)			
9.	Tax Shelters: Date of Purchase & Adjusted Cost Basis Name: Name:			
10.	Employee Benefits: Pension Plans Profit Sharing Plans 401(k) Deferred Compensation Group Insurance IRA's Other			
11.	Expected Gifts or Inheritances by Client or Spouse: Outright In Trust or Otherwise Restricted			
12.	Other Assets Not Listed Above (Describe):			

LIFE INSURANCE

Name of Company	Face Amount	Policy Owned By	Present Beneficiaries	Policy Loans
On Husband's Life: a. b. c. d.				
On Wife's Life: a. b. c. d.				

LIABILITIES

	Amount	w/ Wife	HUSBAND'S LIABILITY		WIFE'S LIABILITY	
			<u>Check if Jointly Liable</u>	Amount	<u>Check if Jointly Liable</u>	W/Other than Husband
1.			w/Other		w/Other	
2.						
3.						
4.						

C. DISPOSITIONS

1. Funeral, burial, monument, services, grave care, etc. _____

2. Does either spouse have a power of appointment in a trust created by another person or in another person's estate? YES: _____ NO: _____

If Yes, is power of appointment to be exercised? YES: _____ NO: _____
3. Gifts _____

4. Contingencies over residuary estate (e.g., exoneration of mortgages) _____

5. Payment of inheritance, estate, death taxes _____

D. FIDUCIARIES

1. Primary Personal Representative:

HUSBAND: _____
Address: _____
WIFE: _____
Address: _____

Alternate Personal Representative:

HUSBAND: _____
Address: _____
WIFE: _____
Address: _____
2. Primary Trustee:

HUSBAND: _____
Address: _____
WIFE: _____
Address: _____

Alternate Trustee:

HUSBAND: _____

Address: _____

WIFE: _____

Address: _____

3. Primary Guardian:

NAME: _____

Address: _____

Alternate Guardian:

NAME: _____

Address: _____

E. MISCELLANEOUS INFORMATION

1. ACCOUNTANT: _____ ADDRESS: _____
CITY _____ STATE _____ ZIP _____ BUS TEL # _____

2. INSURANCE AGENT: _____ ADDRESS: _____
CITY _____ STATE _____ ZIP _____ BUS TEL # _____

3. STOCKBROKER: _____ ADDRESS: _____
CITY _____ STATE _____ ZIP _____ BUS TEL # _____

4. ADDITIONAL INFORMATION: _____

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