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**CLIENT INITIAL INFORMATION
QUESTIONNAIRE
WILLS**

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 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 SUM 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 _____

WILL QUESTIONNAIRE

Please Print Clearly

Name: _____
(First) (Middle) (Last)

Address: _____

City/State/Zip: _____

State of residence: _____ For How Long: _____

Phone: Home: (____) _____; Work: (____) _____

Cell: (____) _____; Pager: (____) _____

Email address: _____

DOB: _____; Social Security No.: _____

Driver's License No.: _____ How long have you resided in Florida? _____

Spouse's name: (If Applicable) _____
(First) (Middle) (Last)

DOB: _____; Social Security No.: _____

Florida Driver's License No.: _____

Spouse's employer: _____ Work Phone: _____

Former spouse's name (If you desire him/her disinherited): _____

(First) (Middle) (Last)

Name of Child or Children:

Natural Children/Address

Step-Children/Address

(Circle One)

Separate writing clause Yes ☐ No ☐

Separate writing clause only if spouse predeceases Yes ☐ No ☐

Specific devise - Gift of personal property Yes ☐ No ☐

If Yes, should specific devise clause begin "If my spouse/children
does/do not survive me...." Yes ☐ No ☐

If Yes above, list specific devises below

Does entire estate or residue go to surviving spouse? Yes ☐ No ☐

If No, then list to whom and relationship, if any. (Note: If children, leave blank)

If my spouse dies before me, then I want my estate to pass to my:

Children Yes ☐ No ☐

Step-Children Yes ☐ No ☐

If any child of mine dies before me, then I want the
deceased child's share to pass to his or her children: Yes (per stirpes) ☐ No (per capita) ☐

Is there a *TRUST* (one who protects inheritance)
for minor children or grandchildren? Yes ☐ No ☐

If so, is trust for children? Yes ☐ No ☐

For grandchildren? Yes ☐ No ☐

At what age will trust terminate? _____

Name of trustee: _____

Name of alternate trustee: _____

ALTERNATE BENEFICIARIES: If my spouse and children/grandchildren all die before me, then I desire that my estate pass to the following, in the following percentages: (for Florida residents, if no one is specified below, then your estate automatically goes to your parents (if living), then to your brothers and sisters (if living), and then to their children.)

Names of persons to be disinherited (if any):

Name of personal representative: To qualify as a personal representative, the person must be:

- (a) a Florida resident, or
- (b) a blood relative of mine, or
- (c) a person married to a blood relative of mine.

A step-child does *NOT* qualify unless they are a Florida resident.

Will surviving spouse be personal representative? Yes ☐ No ☐

Name of personal representative (if other than spouse): _____

Relationship: _____ City & State: _____

Name of alternate personal representative: _____

Relationship: _____ City & State: _____

Does will appoint a guardian for minor children? Yes ☐ No ☐

Should guardian clause begin "If my husband/wife does not survive me?" (If yes above) Yes ☐ No ☐

Will same person serve as guardian of person and property? Yes ☐ No ☐

Guardian: _____

Alternate Guardian: _____

If no, guardian of the person: _____

Alternate guardian of the person: _____

Guardian of the property: _____

Alternate guardian of the property: _____

Presumption of survivorship clause: Yes ☐ No ☐

If Yes, does husband survive: Yes ☐ No ☐

No contract for wills clause: Yes ☐ No ☐

To be signed in Hillsborough County: Yes ☐ No ☐

If No, what county: _____

<FOR ATTORNEY USE ONLY

Comments: _____

TO BE FILLED IN BY ATTORNEY

- (a) Matter
(Accepted) _____ Retainer Agreement Signed _____
(Rejected) _____ Rejection Letter Sent _____
(Will Contact) _____ Future Contact Letter Sent _____
- (b) Type of Matter: _____
- (c) Action Requested: _____

- (d) Follow-up Appointment: _____
- (e) Thank you sent to referrer: _____

STATUTE OF LIMITATIONS: _____

CONFLICT OF INTEREST RUN: _____

By: _____

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Retainer	\$ _____	/	
Fee	\$ _____	/	
Fee (no invoice)	\$ _____	/	
Hourly Rate	\$ _____	/	_____

Attorney's Initials

COMMENTS: _____

