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**CLIENT INFORMATION SHEET**  
(Wills/Estates)

Date: \_\_\_\_\_

Please provide the following information about yourself:

1. Your name \_\_\_\_\_
2. Your residence address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Your mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Phone: Home \_\_\_\_\_ Office: \_\_\_\_\_
5. Age \_\_\_\_ D/O/B \_\_\_\_\_ SS No. \_\_\_\_\_ Occupation \_\_\_\_\_
6. Employer \_\_\_\_\_  
Business Address \_\_\_\_\_
7. Spouse's name \_\_\_\_\_
8. Who referred you to our office? \_\_\_\_\_

**YOU MUST UNDERSTAND THAT YOUR VISIT HERE MAY BE FOR A CONSULTATION ONLY. THE ATTORNEY DOES NOT REPRESENT YOU AND WILL NOT REPRESENT YOU UNTIL WRITTEN AUTHORIZATION OF REPRESENTATION AND ATTORNEY'S FEE AGREEMENT ARE SIGNED BY BOTH YOU AND THE ATTORNEY.**

**I HAVE READ THE FOREGOING AND COMPLETED ALL INFORMATION REQUESTED TO THE BEST OF MY ABILITY.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature