

# CLIENT INTAKE FORM

(Please email to [jconnor@connorlawfirm.com](mailto:jconnor@connorlawfirm.com) or fax to (512) 477-1242  
and our office will contact you to set up your consultation)

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

## **PERSONAL INFORMATION**

Please fill out the following information for **Spouse 1** (or **Single Individual** if you are unmarried):

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ E-Mail (Home): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

If you are married, please fill out the following information for **Spouse 2**:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ E-Mail (Home): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

## **EMPLOYMENT INFORMATION**

Please fill out the following information for **Spouse 1** (or **Single Individual** if you are unmarried):

Employer: \_\_\_\_\_ Approximate Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail (Business): \_\_\_\_\_ May we contact you there? YES NO

If you are married, please fill out the following information for **Spouse 2**:

Employer: \_\_\_\_\_ Approximate Start Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail (Business): \_\_\_\_\_ May we contact you there? YES NO

**CURRENT ASSET PROTECTION**

Check all boxes that apply to you and your family:

<input type="checkbox"/>	Property & Casualty Insurance	<input type="checkbox"/>	Automobile Insurance
<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>	Disability Insurance
<input type="checkbox"/>	“Umbrella” Insurance	<input type="checkbox"/>	Other Insurance
<input type="checkbox"/>	Wills and Trust planning	<input type="checkbox"/>	Power of Attorney planning

Check all boxes that apply to any businesses in which **Spouse 1** (or **Single Individual**) has all or partial ownership:

<input type="checkbox"/>	Commercial Liability insurance	<input type="checkbox"/>	Directors/Officers Insurance
<input type="checkbox"/>	Errors & Omissions Insurance	<input type="checkbox"/>	Automobile Insurance
<input type="checkbox"/>	Malpractice Insurance	<input type="checkbox"/>	Disability Insurance
<input type="checkbox"/>	Business continuation planning	<input type="checkbox"/>	Life Insurance
<input type="checkbox"/>	Wills and Trust planning	<input type="checkbox"/>	Power of Attorney planning

Check all boxes that apply to any businesses in which **Spouse 2** has all or partial ownership:

<input type="checkbox"/>	Commercial Liability insurance	<input type="checkbox"/>	Directors/Officers Insurance
<input type="checkbox"/>	Errors & Omissions Insurance	<input type="checkbox"/>	Automobile Insurance
<input type="checkbox"/>	Malpractice Insurance	<input type="checkbox"/>	Disability Insurance
<input type="checkbox"/>	Business continuation planning	<input type="checkbox"/>	Life Insurance
<input type="checkbox"/>	Wills and Trust planning	<input type="checkbox"/>	Power of Attorney planning

**CHILDREN**

**Child (1)**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

**Child (2)**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

**Child (3)**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

**ASSET INFORMATION**

	Estimated Value	Comments
1. <b>Spouse 1</b> (or <b>Single Individual</b> ) Life Insurance	\$ _____	_____
2. <b>Spouse 2</b> Life Insurance	\$ _____	_____
3. <b>Spouse 1</b> (or <b>Single Individual</b> ) Retirement Accounts	\$ _____	_____
4. <b>Spouse 2</b> Retirement Accounts	\$ _____	_____
5. Brokerage Accounts	\$ _____	_____
6. Stocks/Bonds	\$ _____	_____
7. Stock Options	\$ _____	_____
8. Homestead Real Estate	\$ _____	_____
9. Other Real Estate	\$ _____	_____
10. <b>Spouse 1</b> (or <b>Single Individual</b> ) Automobile	\$ _____	_____
11. <b>Spouse 2</b> Automobile	\$ _____	_____
12. Cash and Savings Accounts	\$ _____	_____
13. Checking Accounts	\$ _____	_____
14. Business Interests	\$ _____	_____
15. Promissory Notes Payable to You	\$ _____	_____
16. Personal Property (Jewelry, furniture, etc.)	\$ _____	_____
17. Miscellaneous Property	\$ _____	_____
 TOTAL ESTIMATED ASSET VALUATION:	\$ _____	

**IMPORTANT ITEMS TO DISCUSS PRIOR TO YOUR CONSULTATION**

The counseling process I guide you through naturally evolves into multiple documents that all individuals should have in any well-advised estate plan. Although some roles for family and friends may not be used in your custom design, they are nonetheless very important to fully discuss with others before you make any decisions. For example, if you are choosing a Guardian for your child you obviously want to talk with that person about your choice prior to it being made. It could lead to creative ideas or even a change in your final decision. Also, you may wish to review the Planning Considerations provided at my website at [www.connorlawfirm.com](http://www.connorlawfirm.com) prior to coming to our meeting. It will make your consultation much more engaging, educational and understandable.

**For each of the following roles for individuals common to most plans you will need to have available, at the consultation, the individual(s) full legal name, residence address and home telephone number.** Descriptions and answers to frequently asked questions about these positions of responsibility are found in the information provided with this form.

- |                                     |   |
|-------------------------------------|---|
| ‡ Executor for your will(s)         | ‡ Agent(s) for your Medical Power of Attorney   |
| ‡ Trustee for Child(ren)s' Trust(s) | ‡ Agent(s) for your Financial Power of Attorney |
| ‡ Guardian(s) for Child(ren)        | ‡ Guardian(s) for You                           |

I look forward to working with you to develop the planning and asset protection strategies for your family, and I congratulate you for taking this first step to take care of such a critical issue – protecting your family and estate.

Sincerely,

Jonathan S. Connor  
Attorney and Counselor at Law

**The Connor Law Firm**  
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Austin, Texas 78759  
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# Estate Planning Appointments

## WHO DO YOU WANT TO NAME AS THE EXECUTOR OF YOUR ESTATE?

- Spouses normally name each other first. The Executor is the person responsible for probating your will and may be different than the Guardian for your children, Trustee of any trusts and agents listed on your powers of attorney(s).

**Husband**

**Wife**

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

## WHO DO YOU WANT TO NAME AS AGENT ON YOUR FINANCIAL POWER OF ATTORNEY?

- Spouses normally name each other first. In general, the agent will be responsible for making financial decisions in the event you are physically or mentally unable to do so yourself. For instance, it can be used to deed property or sign tax returns, if you are unable to do so.

**Husband**

**Wife**

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

## WHO DO YOU WANT TO NAME AS AGENT ON YOUR MEDICAL POWER OF ATTORNEY?

- Spouses normally name each other first. In general, the agent will be responsible for making medical decisions in the event you are physically or mentally unable to do so yourself.

**Husband**

**Wife**

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

## WHO DO YOU WANT TO NAME AS GUARDIAN(S) OF YOUR CHILDREN (if applicable)?

- Two persons can serve together as long as they are married. They do not have to be related to you.

**Name(s)**

**Relationship**

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

## WHO DO YOU WANT TO NAME AS THE TRUSTEE OF YOUR TRUST (if applicable)?

- Two persons can serve together regardless of marital status and do not have to be related to you. If you wish to name multiples trustees, it is advisable to establish an odd number of trustees to address potential conflicts between trustees.

**Name**

**Relationship**

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

## Information Regarding Executors, Agents, Guardians & Trustees

For each executor, agent, guardian and trustee you have named in your plan, please provide the following information so that they may be contacted in writing or by telephone if necessary.

1. Name: _____	5. Name: _____
Relation: _____	Relation: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
2. Name: _____	6. Name: _____
Relation: _____	Relation: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
3. Name: _____	7. Name: _____
Relation: _____	Relation: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
4. Name: _____	8. Name: _____
Relation: _____	Relation: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____