Print Form

The Law Office of dana bowie

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		Date:	
CLIENT INFORMATION			
Name:			
Address1:			
Address2:			
City:		State | Zip:	
County of Residence:		How long at current address?	
Home Phone:		Fax:	
Cell Phone:			
Email Address:			
Alternate Email Address:			
Social Security #:		Driver License #:	
Date of Birth:		State | County of Birth:	
Other name(s) you have been known by:			
CLIENT EMPLOYMENT INFORMATION			
Employer:			
Address1:			
Address2:			
City:		State | Zip:	
County of Residence:		How long at current address?	
Home Phone:		Fax:	
Cell Phone:			
Email Address:			
How long have you worked for this employer?			
Position:			
Salary | Earnings:			

ATTORNEY-CLIENT COMMUNICATION: THIS DOCUMENT AND ITS CONTENTS CONSTITUTE LEGALLY PRIVILEGED INFORMATION

SPOUSE INFORMATION			
Name:			
Address1:			
Address2:			
City:		State | Zip:	
County of Residence:		How long at current address?	
Home Phone:		Fax:	
Cell Phone:			
Email Address:			
Alternate Email Address:			
Social Security #:		Driver License #:	
Date of Birth:		State | County of Birth:	
Other name(s) party has been known by:			
SPOUSE EMPLOYMENT INFORMATION			
Employer:			
Address1:			
Address2:			
City:		State | Zip:	
County of Residence:		How long at current address?	
Home Phone:		Fax:	
Cell Phone:			
Email Address:			
How long has party worked for this employer?			
Position:			
Salary | Earnings:			
EMERGENCY CONTACT			
EC | Name:			
Address1:			
Address2:			
City:		State | Zip:	

County of Residence:		How long at current address?	
Home Phone:		Fax:	
Cell Phone:			
Email Address:			

OTHER PARTY INFORMATION			
Name:			
Address1:			
Address2:			
City:		State | Zip:	
County of Residence:		How long at current address?	
Home Phone:		Fax:	
Cell Phone:			
Email Address:			
Alternate Email Address:			
Social Security #:		Driver License #:	
Date of Birth:		State | County of Birth:	
Other name(s) you have been known by:			

OTHER PARTY EMPLOYMENT INFORMATION			
Employer:			
Address1:			
Address2:			
City:		State | Zip:	
Work Phone:		Work Fax:	
Work Email:			
How long has party worked for this employer?			
Position:			
Salary | Earnings:			

Is other party represented in this matter?	Yes		No	
Name of Attorney |				

Firm:	
City where office is located:	
Phone:	

Indicate if this or any other attorney has:

Represented other party in other matters (besides this case)?	Yes		No	
Provided advice or other services to you regarding this case?	Yes		No	
Provided advice or other services to you regarding other matters?	Yes		No	
Talked with you in person or by telephone regarding this case?	Yes		No	
Set a letter or other written communications to you related to this case?	Yes		No	
Served papers (by a sheriff or process server) upon you in this case?	Yes		No	

FAMILY DATA

List minor children:

Name:	Age:	Birth Date:	City | State of Residence:
1.)			
2.)			
3.)			
4.)			

For each child, list the name of the child's other parent if not your present spouse:

Name	Name of Parent
1.)	
2.)	
3.)	
4.)	

Do you have children in college?	Yes		No	
Do you anticipate sending a child or children to college in the future?	Yes		No	
Do your children have any valuable assets?	Yes		No	
If so, name the child and the approximate value of the assets, below.				

Name:		Value of Asset:
1.)		
2.)		
3.)		
4.)		

Do you have dependents other than minor children?		Yes		No
If so, please provide name, age and residence, below				
Name:		Age		
Address1:				
Address2:				
City:		State | Zip:		

Do you have any grandchildren?		Yes		No

Name:		Age:	Birth Date:	Names of parents:
1.)				
2.)				
3.)				
4.)				

Please list the names of your parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

Name:		Relationship:	Living?				Residence:
1.)			Y		N		
2.)			Y		N		
3.)			Y		N		
4.)			Y		N		

Please list the names of your spouse's parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

Name:	Relationship:	Living?	Residence:

1.)			Y		N		
2.)			Y		N		
3.)			Y		N		
4.)			Y		N		

INCOME AND HEALTH ISSUES

Client's annual income and source of income (wages, rents, dividends, etc.)

Spouse's income and source of income (wages, rents, dividends, etc.)

Describe your health (good, fair, poor) and any illnesses that you suffer from:

Provide the same information for your spouse:

State the name and contact information for your physician:

Name and contact information for your spouse's physician:

Do you have health insurance?	Yes		No	

If yes, name of company and contact information:

Does your spouse have health insurance?	Yes		No	
If yes, name of company and contact information:				
Do you have disability insurance?	Yes		No	
If yes, name of company and the value of the insurance:				
Does your spouse have disability insurance?	Yes		No	
If yes, name of company and the value of the insurance:				
Do you presently have a will?	Yes		No	
If yes, what is the date on the will?				
Was it signed in Florida?	Yes		No	
If not, where?				
Does your spouse presently have a will?	Yes		No	
If yes, what is the date on the will?				
Was it signed in Florida?	Yes		No	
If not, where?				
Are you a beneficiary, trustee (singly or jointly), or creator of a trust?	Yes		No	
If yes, what is the date of the trust?				
Is your spouse a beneficiary, trustee (singly or jointly), or creator of a trust?	Yes		No	
If yes, what is the date of the trust?				
Have you signed a prenuptial or postnuptial agreement??	Yes		No	
If yes, what is the date of the agreement and name of the spouse involved?				

Please provide the following information regarding your former marriages:

Name	Living?				Date of Death or Divorce:
	Y		N		
	Y		N		
	Y		N		
	Y		N		

Please provide the following information regarding your spouse's former marriages:

Name	Living?				Date of Death or Divorce:
	Y		N		
	Y		N		
	Y		N		
	Y		N		

ASSETS AND LIABILITIES

ASSETS

Liquid assets: cash (dividends, etc.); savings accounts; checking accounts; money market accounts; certificate of deposit; mutual funds:

Item Identification | Account Number	Location (Name |Address of Bank)	Value

Other personal property (everything except liquid assets): private corporation stocks and bonds (publicly listed); unlisted stocks and bonds; government bills, notes, and bonds; commodities; automobiles; other vehicles (airplanes, boats, motorcycles, recreational vehicles); precious metals; safe deposit contents; household goods, furniture, and appliances; china, crystal, and silver; jewelry (watches, wedding and engagement rings); furs and clothing; art works, photographs, letters, medals, collectibles, family heirlooms, artifacts, and antiques; tools and machinery; computers and electronic equipment; sports

equipment (camping, hiking, cycling, skiing, fishing, etc.); hobbies; camera, video, and recording equipment; books; musical instruments; valuable livestock/animals; pets; money owed to you (personal loans, etc.); vested interest in profit sharing plan, stock options, etc.; limited partnerships; trust interest; vested interest in retirement plans, IRAs, death benefits, annuities; life insurance; miscellaneous personal property not already listed.

NOTE: Separately identify valuable items. Categorize less valuable items (for example, "all of my clothing," "all of my household possessions," etc.). Household possessions can include furniture, appliances, tools, etc. State where listed assets are located (for example, provide the address or, if applicable, state "at my residence." List shares of stock by number of shares, name of company, and type of stock (for example, 100 shares of General Electric common). When listing the value of the asset, first list the total value, then subtract any debt owing on the asset and list the net value of the asset. If the asset is a life insurance policy, IRA, or retirement plan, identify any primary or contingent beneficiaries listed on the policy, account, or plan. Take into account accrued income tax liability when valuing a retirement plan.

Item Identification	Location	Value

Business personal property: patents, copyrights, trademarks, and royalties; business ownerships such as partnerships, sole proprietorships, corporations, etc. (list by name and type of business); miscellaneous receivables (such as mortgages, deeds of trust, or promissory notes held by you; rents due from income-producing property owned by you; payments due for professional or personal services or property sold by you that are not fully paid by the purchaser):

Item Identification	Location	Value

Real estate: agricultural land; boat/marina slip; cemetery plots; condominiums; cooperatives; timeshares; duplexes; houses; mobile homes; rental properties; undeveloped land; vacation homes:

NOTE: Describe real property by listing its address or location, including the street address or apartment number or acreage in a specified county. The legal description does not have to be provided. If the real property includes personal items such as farm tools or animals, include them in the description, specifically listing expensive items such as cattle or a tractor. If the items are relatively inexpensive, such as tools in a shed on otherwise vacant land, state "along with all personal property located on the property." Subtract any mortgage or other debt owing on the asset.	
Property Address (including county)	Value
TOTAL NET VALUE OF ALL ASSETS	
LIABILITIES	
NOTE: To reach the net value of assets listed above, you should already have listed and subtracted the debt on the asset. Therefore, you should include below only those liabilities not taken into account above. Do not include regular monthly bills such as those for utilities, telephone, and credit cards, but do take into account whether you have guaranteed any obligations of someone else (even if you don't expect to have to pay).	
Personal Property debts (personal loans with banks, major credit card debt, etc.) and other personal debts:	

Item Identification	Location (Name |Address of Bank)	Due Date	Amount Due

Taxes (include only past and currently due taxes – do not include future or estimated estate taxes):		
Item Identification	Due Date	Amount Due

Other liabilities (such as legal judgments, guarantees, accrued child support, etc.)		
Item Identification	Due Date	Amount Due
TOTAL LIABILITIES		
NET WORTH		

CONSULTANT CONTACT INFORMATION

Contact Type:			
Name:			
Address1:			
Address2:			
City:		State | Zip:	
County of Residence:		How long at current address?	
Home Phone:		Fax:	
Cell Phone:			
Email Address:			
Contact Type:			
Name:			
Address1:			
Address2:			
City:		State | Zip:	
County of Residence:		How long at current address?	
Home Phone:		Fax:	
Cell Phone:			
Email Address:			
Contact Type:			

Name:			
Address1:			
Address2:			
City:		State | Zip:	
County of Residence:		How long at current address?	
Home Phone:		Fax:	
Cell Phone:			
Email Address:			
Contact Type:			
Name:			
Address1:			
Address2:			
City:		State | Zip:	
County of Residence:		How long at current address?	
Home Phone:		Fax:	
Cell Phone:			
Email Address:			