

CLIENT 1 – PERSONAL INFORMATION

Full Legal Name _____ E-Mail Address _____
Nickname _____ Birthdate _____ Social Security Number _____
Home Address _____ City _____ State _____ Zip _____
County of Residence _____ Home Phone # _____ Cell Phone # _____
Mother's Maiden Name _____ Driver's License # _____ State _____ Exp. Date _____
Employer _____ Position _____
Business Address _____ City _____ State _____ Zip _____
Business Telephone _____ Fax Number _____
Marital Status: Single Married Co-Habiting Widowed Divorced
Date of this Marriage: _____ Previously married: Yes No If Yes: Widowed Divorced
If Divorced, Are There Any Legal Orders? _____
Years at Current Residence: _____ Have you ever lived in any other state? Yes No
Are you a US Citizen? Yes No To what other Country (if any) do you hold Citizenship? _____

CLIENT 2 – PERSONAL INFORMATION

PLEASE CHECK IF ADDRESS IS SAME AS CLIENT 1

Full Legal Name _____ E-Mail Address _____
Nickname _____ Birthdate _____ Social Security Number _____
Home Address _____ City _____ State _____ Zip _____
County of Residence _____ Home Phone # _____ Cell Phone # _____
Mother's Maiden Name _____ Driver's License # _____ State _____ Exp. Date _____
Employer _____ Position _____
Business Address _____ City _____ State _____ Zip _____
Business Telephone _____ Fax Number _____
Marital Status: Single Married Co-Habiting Widowed Divorced
Date of this Marriage: _____ Previously married: Yes No If Yes: Widowed Divorced
If Divorced, Are There Any Legal Orders? _____
Years at Current Residence: _____ Have you ever lived in any other state? Yes No
Are you a US Citizen? Yes No To what other Country (if any) do you hold Citizenship? _____

CHILDREN

(COPY THIS PAGE IF YOU HAVE MORE THAN 5 CHILDREN)

Full Legal Name _____ Nickname _____
Date of Birth _____ Social Security Number _____
Home Address _____ Home Phone _____
City _____ State _____ Zip _____ County _____
Child of: Both Client 1 & 2 Client 1 Only Client 2 Only
 Natural Legally Adopted Dependant Needs Special Care Married

Full Legal Name _____ Nickname _____
Date of Birth _____ Social Security Number _____
Home Address _____ Home Phone _____
City _____ State _____ Zip _____ County _____
Child of: Both Client 1 & 2 Client 1 Only Client 2 Only
 Natural Legally Adopted Dependant Needs Special Care Married

Full Legal Name _____ Nickname _____
Date of Birth _____ Social Security Number _____
Home Address _____ Home Phone _____
City _____ State _____ Zip _____ County _____
Child of: Both Client 1 & 2 Client 1 Only Client 2 Only
 Natural Legally Adopted Dependant Needs Special Care Married

Full Legal Name _____ Nickname _____
Date of Birth _____ Social Security Number _____
Home Address _____ Home Phone _____
City _____ State _____ Zip _____ County _____
Child of: Both Client 1 & 2 Client 1 Only Client 2 Only
 Natural Legally Adopted Dependant Needs Special Care Married

Full Legal Name _____ Nickname _____
Date of Birth _____ Social Security Number _____
Home Address _____ Home Phone _____
City _____ State _____ Zip _____ County _____
Child of: Both Client 1 & 2 Client 1 Only Client 2 Only
 Natural Legally Adopted Dependant Needs Special Care Married

CLIENT 1 – EMERGENCY CONTACT INFORMATION

1 st	Name	_____	Relationship	_____
	Home Phone	_____	Work Phone	_____
	Cell Phone	_____	E-mail	_____
2 nd	Name	_____	Relationship	_____
	Home Phone	_____	Work Phone	_____
	Cell Phone	_____	E-mail	_____
3 rd	Name	_____	Relationship	_____
	Home Phone	_____	Work Phone	_____
	Cell Phone	_____	E-mail	_____
Primary Physician:	_____	Phone:	_____	

CLIENT 2 – EMERGENCY CONTACT INFORMATION

PLEASE CHECK IF SAME AS CLIENT 1

1 st	Name	_____	Relationship	_____
	Home Phone	_____	Work Phone	_____
	Cell Phone	_____	E-mail	_____
2 nd	Name	_____	Relationship	_____
	Home Phone	_____	Work Phone	_____
	Cell Phone	_____	E-mail	_____
3 rd	Name	_____	Relationship	_____
	Home Phone	_____	Work Phone	_____
	Cell Phone	_____	E-mail	_____
Primary Physician:	_____	Phone:	_____	

ADVISORS

	Name	Telephone
Attorney	_____	_____
Accountant	_____	_____
Financial Advisor	_____	_____
Primary Personal Bank	_____	_____
Life Insurance Agent	_____	_____
Stock Broker	_____	_____

INCOME INFORMATION

	CLIENT 1	CLIENT 2
W-2 Wages		
Commissions & Bonuses		
Stock Options		
Interest/Dividend Income		
Rental Income		
Social Security		
Retirement & Annuities		
Trust Distribution Income		
Other Income		
TOTAL INCOME:	\$	\$

SUMMARY OF VALUES

ASSETS	CLIENT 1	CLIENT 2
Cash Accounts		
Investment Accounts		
Stocks		
Bonds		
Personal Effects		
Retirement Plans		
Life Insurance Policies and Annuities		
Mortgages, Notes, and Other Receivables		
Partnership Interests		
Corporate Business and Professional Interests		
Sole Proprietorship Business and Professional Interests		
Real Property		
Anticipated Inheritance, Gift, or Lawsuit Judgment		
Other Assets		
TOTAL ASSETS:	\$	\$

LIABILITIES	CLIENT 1	CLIENT 2
Loans Payable		
Accounts Payable		
Real Estate Mortgages Payable		
Contingent Liabilities		
Loans Against Life Insurance		
Unpaid Taxes		
Other Obligations:		
1.		
2.		
TOTAL LIABILITIES:	\$	\$

NET ESTATE	\$	\$
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- *Joint Tenancy (JT), Tenancy in Common (TC) and Community Property (CP) values go ½ in Client 1's column and ½ in Client 2's column*