CONFIDENTIAL CLIENT INTAKE FORM

CLIENT's Full Name								
Preferred Name (for use in document preparation)								
U.S. Citizen:	Yes		No		Birthdate		Age	
Home address						City		
County			State			Zip		
Telephone #'s	Home				Work			
	Cell				Other			
E-mail Address					Social Security No.			
Occupation			Employer					
If you own your own business, do you have information on prospective purchasers in the event of your death or on other aspects of disposition of the business? If yes, who knows the location of this information?								

If you are not married, ignore the SPOUSE section that follows, unless you have a partner and you intend to treat your partner like they are your legally married spouse; then please complete the SPOUSE section and note you are not legally married.

SPOUSE's Full Name								
Preferred Name (for use in document preparation)								
Date of Marriage								
U.S. Citizen:	Yes		No		Birthdate		Age	
Telephone #'s	Home				Work			
	Cell				Other			
E-mail Address					Social Security No.			
Occupation			Employer					
If you own your own business, do you have information on prospective purchasers in the event								

of your death or on other aspects of disposition of the business? If yes, who knows the location of this information?

CHILDREN

CHILD # 1		Husband's ?		Wife's ?		Joint ?	
Name							
Home Address							
City		State			Zip		
County		Telephone #					
Date of Birth		Social Security #					
CHILD # 2		Husband's ?		Wife's ?		Joint ?	
Name							
Home Address							
City		State			Zip		
County		Telephone #					
Date of Birth		Email					
CHILD # 3		Husband's ?		Wife's ?		Joint ?	
Name							
Home Address							
City		State			Zip		
County		Telephone #					
Date of Birth		Email					
CHILD # 4		Husband's ?		Wife's ?		Joint ?	
Name							
Home Address							
City		State			Zip		
County		Telephone #					
Date of Birth		Email					

*attach additional sheet if necessary to add more children

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WHO DOES YOUR TAXES/WHAT FIRM? ____________________________________

WHO IS YOUR FINANCIAL ADVISOR/WHAT FIRM? _________________________________

QUESTIONNAIRE		Yes	No
A.	Do you have a will?	_____	_____
B.	Do you have a pre-marital, marital or community property agreement?	_____	_____
C.	Do you have a durable or other power of attorney?	_____	_____
D.	Do you have a health care power of attorney?	_____	_____
E.	Do you have a declaration to physician/living will?	_____	_____
F.	Have you ever created a trust of any kind?	_____	_____
G.	Has anyone created a trust for your benefit?	_____	_____
H.	Are you likely to receive any inheritance in the future?	_____	_____
I.	Have you been previously married?	_____	_____
	1. Have life ins. and retirement plan beneficiaries been changed?	_____	_____
J.	Have you ever filed a gift tax return? If so, when? ___________	_____	_____
K.	Do any of your heirs/beneficiaries have special or unusual needs?	_____	_____
	1. If so, who? ______________________________________		
L.	Anyone (other than minor children) dependent upon you for support?	_____	_____
M.	Do you own or operate your own business?	_____	_____
N.	Do any of your heirs/beneficiaries have difficulty managing money?	_____	_____
	1. If so, who? ______________________________________		
O.	Are there any adopted children in the family?	_____	_____
	1. If so, who? ______________________________________		

FINANCIAL INFORMATION

1. Real Estate: (primary residence, cabins, land, co-owned property, inherited property, etc.)

Property Address	Est. Mortgage Balance	Estimated Value
______________________	__________________	__________________

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*add additional sheets as necessary if you or a company you control holds rentals and/or investment, and/or commercial properties

*be sure to also include fractional interests in cabins you own with family members

2. Life Insurance and Annuities:

Name of Insured	Insurance Company	Amount of Death Benefit	Beneficiaries Named?
______________	________________	___________________	Y/N
______________	________________	___________________	Y/N
______________	________________	___________________	Y/N
______________	________________	___________________	Y/N

3. Retirement Plans:

Name of Account Owner	Name of Institution	Type of Account (ex. 401k, IRA, 403B, Pension, Roth, Other)	Estimated Value	Beneficiaries Named?
______________	______________	______________	__________	Y/N
______________	______________	______________	__________	Y/N
______________	______________	______________	__________	Y/N
______________	______________	______________	__________	Y/N

4. Non-Retirement Savings and Investments: e.g. Cash, Savings Accounts, Money Market Account, Stocks, Mutual Funds, ETFs. Crypto, etc.

Name of Account Owner(s)	Name of Institution	Type of Account	Estimated Value	Beneficiaries Named?
______________	______________	______________	__________	Y/N
______________	______________	______________	__________	Y/N
______________	______________	______________	__________	Y/N

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_______________ _______________ _______________ __________ Y/N

5. Other Significant Assets: (cars, boats, art, antiques, firearms, UTVs, Health Savings Accounts, etc.):

6. Anything else you want Hein Law Office to be aware of?

NO ATTORNEY-CLIENT RELATIONSHIP IS CREATED BY COMPLETION OF THIS FORM