Date:

Person Completing this Questionnaire:

Relation to Client:

○ Parent ○ Son or Daughter ○ Friend or Neighbor ○ Brother or Sister

○ Accountant or Attorney ○ Niece or Nephew ○ Uncle or Aunt ○ Other

Referred By — How did you decide to engage our services?

PERSONAL INFORMATION

Please answer with your full legal name as it appears on your birth certificate, unless legally changed through a PA court order, marriage, or divorce decree.
IMPORTANT — For a Power of Attorney, we use the name on your Deed. The Recorder of Deeds requires the Power of Attorney and the Deed to match exactly for recording purposes.

Client's Full Legal Name:

Are there other names you use or have used?

○ Yes ○ No

Name on Birth Certificate

Name on Driver's License / Real ID

Name on Passport

Name on Social Security Card

Name on Deed to Home

Other names used on bank accounts, etc.:

Date of Birth:

Home Phone

Mobile Phone

Email Address

ADDRESS & PROPERTY

Street Address:

City, State and ZIP

Municipality (where you pay property taxes)

County

School District

Date Purchased

Do you own your home?

Yes No

How is it owned? (Individually or Jointly)

Names on the Deed

Purchase Price ($)

Do you own real estate other than your home?

Yes No

Location

How is it titled?

Mortgage? (Y/N)

Date Purchased

Purchase Price ($):

Do you own out-of-state assets or property?

Yes No

If Yes — describe asset(s) and state(s) (include royalty, gas & mineral rights):

MARRIAGE & CHILDREN

Were you ever married?

Yes No

How did the marriage end? (divorce / death / annulment)

When did it end?

Name of ex-spouse

CHILDREN

We need full legal names from birth certificates including middle initials, dates of birth, cell phones, email addresses, addresses, and marital status for each child.

How many children do you have?

○ None ○ One ○ Two ○ Three ○ Four ○ More than four

	Full Legal Name	Date of Birth	Married? (Y/N)	Cell Phone	Email Address
First Child					
Second Child					
Third Child					
Fourth Child					

EMPLOYMENT & MILITARY SERVICE

Are you currently employed?

○ Yes ○ No

If Yes — Where do you work?

Are you a Veteran?

○ Yes ○ No

Branch of Service

Dates of Service

EXISTING LEGAL DOCUMENTS

Please check all documents you currently have. Bring copies to your appointment if available.

Which of the following do you currently have?

- ☐ Last Will & Testament
- ☐ Power of Attorney
- ☐ Living Will
- ☐ Healthcare Power of Attorney
- ☐ Living / Revocable Trust
- ☐ Irrevocable Trust

Any other legal issues or questions you need answered?

Appointment Date | **Attorney** | **Paralegal**

Thank You!

Thank you for completing this form. Once received, we will either call you for additional information or begin drafting your documents. If you need to discuss specific issues, you should call or make an appointment for a phone or video conference.

We try to get the document drafting done without meetings to keep the cost down, but we are happy to meet and discuss additional issues. Once we prepare drafts, they will be sent to you in PDF format for your review. If they meet your requirements, we will arrange for a signing.

Shober & Rock, P.C. · 308 N. Main St., Suite 400, Chalfont, PA 18914 · shober-rock.com

Certainly, if you have any health issues or concerns about long-term care, we would like to meet with you to address these.

Again, thanks for completing this form.