



The Peninsula Center
for Estate and Lifelong Planning
Attorneys and Counselors at Law

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DOMESTIC CLIENT CONSULTATION INTERVIEW FORM

The purpose of an initial consultation is for the attorney to advise you, the prospective client, what, if anything, may be done for you, and what the fee therefore will be. *The purpose is not to render a definitive legal opinion* as it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the information or documents that you may be able to provide at the initial consultation.

- A. **You and the Attorney mutually agree to the terms of representation** (After a separate document called a Retainer Agreement is signed, a copy will be provided to you), **or**
- B. **The Attorney declines representation, or**
- C. **You decide not to use the services of the Attorney.**

Note: The following questions will help us to understand your situation and what your goals and objectives are. We request you complete this form and bring it with you to your consultation appointment as having this information is crucial to a successful and productive meeting. Whether or not you hire our firm to represent you, your responses are protected by the attorney/client privilege and will be held in strict confidence.

PART I: General Information

Client

Name: _____ Date of Birth: _____

Social Security Number: _____ Place of Birth: _____

Occupation: _____ #Years of Education: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Phone No. _____(home) _____(work) _____(cell)

County of Residence (if any) : _____

Spouse:

Name: _____ Date of Birth: _____

Social Security Number: _____ Place of Birth: _____

Occupation: _____ # Years of Education: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Phone No. _____(home) _____(work) _____(cell)

County of Residence (if any) : _____

Date of Marriage: _____ Place of Marriage: _____

Date of Separation: _____ Last Place Lived/ Cohabitated: _____

Will Spouse sign a Waiver of Service of process: Yes / No

PART II: Children and Other Beneficiaries

Children of this marriage: (please use additional sheet if needed)

Name Age Sex Social Security #

1) _____

2) _____

3) _____

4) _____

PART III: Assets

(retirement plan assets and insurance should be listed separately in the charts below)

Type of Asset	Location / Institution	Owned by Client (value)	Owned by Spouse (value)	Jointly Owned (value)	Total
Checking Accounts					
Savings Accounts					
Other Accounts					
CD's					
Mutual Funds					
Annuities					
Stocks					
Bonds					
Personal Residence					
Other Real Estate					
Automobiles					
Boat					
Business Interests					
Antiques/Collectibles					

Household Effects					
Other Assets:					
TOTAL					

Retirement Plan Assets (IRA's, 401K's, Deferred Annuities, etc.):

<i>Participant/ Owner</i>	<i>Beneficiary</i>	<i>Company</i>	<i>Type*</i>	<i>Value</i>

*Type = IRA, 401K, 403b, TSP, Deferred Annuity, or other qualified retirement plan

Life Insurance:

<i>Insured</i>	<i>Beneficiary</i>	<i>Owner</i>	<i>Company</i>	<i>Type*</i>	<i>Cash Value</i>	<i>Death Benefit</i>

*P=Permanent; U=Universal; T=Term; G=Group

Part IV: Miscellaneous

Property Settlement Agreement: Yes / No

None Change for Female Client: Yes / No

If "Yes" need:

Father's Full Name: _____

Mother's Full Name & Current Name: _____

Name and Contact Information for Financial Advisor(s): _____

Name and Contact Information for CPA (if any): _____

Please list any special circumstances we should be aware of: _____

Please list any questions/concerns that you would like to specifically address which are not otherwise covered herein: _____
