



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

461 McLAWS CIRCLE, SUITE 2
WILLIAMSBURG, VIRGINIA 23185
Telephone: (757) 969-1900
Facsimile: (757) 969-1903
www.tpcestate.com

ESTATE PLANNING 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 1

Name: _____ Date of Birth: _____

Social Security Number: _____ U.S. Citizen (circle): Y N

Occupation: _____ Veteran (circle): Y N

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

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

County of Residence (if any) : _____ Religious Preference _____

Client 2 (if applicable)

Name: _____ Date of Birth: _____

Social Security Number: _____ Email: _____

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

Occupation: _____ Religious Preference _____

Veteran (circle): Y N

U.S. Citizen (circle): Y N

Marital Status (circle): Married Single Divorced Widowed

PART II: Children and Other Beneficiaries

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

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Address</u>	<u>Marital Status</u>	<u># of children</u>
1) _____	_____	_____	_____ _____	_____	_____
2) _____	_____	_____	_____ _____	_____	_____
3) _____	_____	_____	_____ _____	_____	_____
4) _____	_____	_____	_____ _____	_____	_____

Children Not of this marriage: (please use additional sheet if needed)

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Address</u>	<u>Marital Status</u>	<u># of children</u>	<u>Whose child (H/W)</u>
1) _____	_____	_____	_____ _____	_____	_____	_____
2) _____	_____	_____	_____ _____	_____	_____	_____
3) _____	_____	_____	_____ _____	_____	_____	_____
4) _____	_____	_____	_____ _____	_____	_____	_____

Other Beneficiaries (individuals or religious/charitable organizations):
(please use additional sheet if needed)

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Address</u>	<u>Relationship (if any)</u>
1) _____	_____	_____	_____ _____	_____
Special gift or provision for Beneficiary 1: _____				
2) _____	_____	_____	_____ _____	_____
Special gift or provision for Beneficiary 2: _____				
3) _____	_____	_____	_____ _____	_____
Special gift or provision for Beneficiary 3: _____				

PART III: Health & Special Circumstances

Yes / No

Do you have any special medical conditions or health issues (terminal illness; dementia diagnosis; etc.)? _____

If so, please explain: _____

Do any of your children, grandchildren, or other beneficiaries have any special medical conditions or health issues? _____

If so, please explain: _____

Do any of your children, grandchildren, or other beneficiaries receive SSI, SSDI, Medicaid, or any other form of governmental assistance? _____

If so, please explain: _____

Do you have long-term care insurance? _____

If so, please list coverage: _____

PART IV: Miscellaneous

Yes / No

Are you the beneficiary of any estate or trust: _____

If so, please explain: _____

If so, do you hold any power of appointment: _____

****It is always helpful if you can provide a copy of the document identifying you as a beneficiary; you may have been granted certain rights and options that can be exercised in your own estate plan.***

Do you have a marital agreement that would govern the disposition of your property upon divorce or at death: _____

If so, please explain: _____

****Please provide a copy of the document(s), if available.***

Have you ever made gifts in excess of \$10,000 to any person other than your spouse, at any time in the past: _____

If so, please explain: _____

Have you ever filed a gift tax return: _____

PART V: Assets

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

Type of Asset	Location / Institution	Owned by Client 1 (value)	Owned by Client 2 (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

Other:

Do you own any real estate situated outside the Commonwealth of Virginia:

Yes / No

If so, please identify: _____

Do you own any property jointly with someone other than your spouse: _____

If so, please explain: _____

Do you possess or own an interest in any corporation, partnership, limited liability company, or other entity: _____

If so, please identify: _____

***Please provide a copy of the organizational document(s), if available.**

Name of and contact information for financial advisor(s): _____

Do you give us permission to talk with and/or share information with your financial advisor, if necessary: YES / NO

Name of and contact information for accountant / CPA, if any: _____

Do you give us permission to talk with and/or share information with your accountant / CPA, if necessary: YES / NO

Name of and contact information for insurance agent, if any: _____

Do you give us permission to talk with and/or share information with your insurance agent, if necessary: YES / NO

PART VI: Fiduciaries

(2 or more individuals may serve together if desired)

- 1) Who would you like to serve as the trustee of your trust and/or executor of your will:

Client 1: A) _____ Client 2: A) _____

B) _____ B) _____

C) _____ C) _____

- 2) Who would you like to serve as agent under your Durable Power of Attorney:

Client 1: A) _____ Client 2: A) _____

B) _____ B) _____

C) _____ C) _____

**Would you like these individuals to be able to serve now or only upon your inability to handle your own financial affairs: _____*

- 3) Who would you like to name as your agent under your Health Care Power of Attorney to make medical decisions on your behalf in the event you become incapacitated:

Client 1: A) _____ Client 2: A) _____

B) _____ B) _____

C) _____ C) _____

- 4) Do you want a living will (terminal condition declaration):

Client 1: _____

Client 2: _____

- 5) Who would you want to serve as guardian of your minor child(ren), if any:

Client 1: A) _____ Client 2: A) _____

B) _____ B) _____

C) _____ C) _____

PART VII: Miscellaneous

Please list any special circumstances we should be aware of in planning your estate(s): _____

Please list any questions/concerns that you would like to specifically address which are not otherwise covered above.

CERTIFICATION

The undersigned hereby represents that the information contained herein is accurate. The undersigned understands that the Law Firm will rely on the information presented on this form as well as information otherwise disclosed to the attorney in establishing an appropriate estate plan. If any information contained on this form or disclosed to the attorney is inaccurate or incomplete, the recommendations of the Law Firm may not be appropriate.

Client 1

Client 2

Date Completed: _____