

Will/Estate/Trust Intake Sheet

Date:				
Your Full Name:				
Residential Address:				
City:		State:	Zip	:
Home #: Work #:		Cell #:		
E-mail Address:				
DOB:				
What type of matter are y	ou here to discuss? (Circle a	ll that apply)	Other:	
_	n Agreement Custody Prenuptial Agreement N			Adoption te/Will/POA/AMD
Where did you hear abou	it Shupert Law?			
1. Please list your	assets:			
In order to receive a full between the attorney, you either hire us to reyour free consultation consultation fee. You a written retainer agrees	consultation, you her your spouse and yourse epresent you, or you pay, we may still represent also acknowledge that we ment and pay the require there to indicate you have	reby agree to waive of the consultation fees the opposing party, are not obligated to detainer amount.	any potentia l be in full fo You unders unless you i represent y	l conflict of interest orce and affect unt stand that followin retain us or pay th ou unless you sign
For Office Use Only:	Results of Conflict Check	·		
	Quote:			