

Client Intake Form

1. Client's Information

Full Legal Name: _____
Home Address: _____

Telephone: _____
Email: _____

2. Interest

Are you interested in a Power of Attorney (allows a person to make decisions concerning your property & finances)?

Yes No

Are you interested in a Living Will (Do Not Resuscitate Order)?

Yes No

Are you interested in a Durable Healthcare Power of Attorney (allows a person to make decisions concerning your healthcare if you cannot)?

Yes No

Do you wish to nominate a guardian in the event that guardianship proceedings are started for your person or estate?

Yes No

Are you interested in preparing a Last Will and Testament?

Yes No