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Client Intake Form

1. Client's Information						
Full Legal Name:						
Home Address:						
Telephone:						
Email:						
2. Interest						
Are you interested in a Pov	ver of Attorn	ey (allo	ws a perso	on to m	ake decisio	ns
concerning your property a	& finances)?					
			Yes		No	
Are you interested in a Livi	ng Will (Do N	ot Resu	iscitate Or	der)?		
			Yes		No	
Are you interested in a Dui	able Healthc	are Pov	ver of Atto	rney (a	Illows a per	son to
make decisions concerning	your health	are if v	ou cannot)?	·	
	•		Yes		No	
Do you wish to nominate a	guardian in t	he eve	nt that gu	ardians	hip proceed	dings are
started for your person or						
, ,			Yes		No	
Are you interested in prepare	aring a Last W	/ill and	Testamen	t?		
			Yes		No	