



Attorneys and Counselors at Law

Client Introduction Questionnaire

Thank you for choosing Griffin & Griffin, Attorneys and Counselors at Law, to assist you with your legal affairs.

Please fill out the following Client Introduction Questionnaire as completely as you are able. This questionnaire is designed to allow you and the attorney to maximize your time together during your initial consultation. A completed questionnaire will allow the attorney the opportunity to get a general overview of your affairs and spot potential issues that may need to be addressed during the course of your relationship together.

Please complete the following questionnaire to the best of your ability. Don't worry, this is not a test and no points are taken off for wrong or incomplete answers. Simply do your best.

Please bring the completed questionnaire with you to your consultation. If your consultation is scheduled by phone, please fax, mail or email the completed questionnaire to the office prior to your appointment time.

If you need assistance completing this questionnaire please feel free to call our office and someone will assist you.

Thank you again for allowing all of us at Griffin & Griffin to work with you.

7077 S. Tamiami Trail · Sarasota, Florida 34231
Phone: (941) 966-2700 Fax: (941) 966-2722
Email: Griffin@GriffinElderLaw.com

& GRIFFIN GRIFFIN

Attorneys and Counselors at Law

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Email: Griffin@GriffinElderLaw.com

Individual 1's Information

Full Legal Name:		
Date of Birth:		
Where were you Born?		
Home Address:		
Home Telephone:		Fax:
Cell Phone:		
E-mail address:		
Care Facility Name:	<input type="checkbox"/> N/A (IE. Person Resides at Home)	Admission Date:
Are You legally married to the person listed on page two?	<input type="checkbox"/> Yes. Date of Marriage: _____ <input type="checkbox"/> No	

PERSONAL PLANNING INFORMATION

If you have the following documents, it is very important that you bring a copy to the meeting

DOCUMENT	STATE	DATE
Last Will and Testament		
Codicil		
Durable Power of Attorney		
Living Will		
Health Care Power		
Living Trust		
Amendments to Trust		
Premarital Agreement		

Individual 2's Information

Full Legal Name:			
Date of Birth:		SS#	
Where were you Born?			
Home Address:	<input type="checkbox"/> Same as above; or <input type="checkbox"/> As Follows:		
Home Telephone:	<input type="checkbox"/> Same as above; or <input type="checkbox"/> As Follows:		
Fax:	<input type="checkbox"/> Same as above; or <input type="checkbox"/> As Follows:		
Cell Phone:	<input type="checkbox"/> Same as above; or <input type="checkbox"/> As Follows:		
E-mail address:	<input type="checkbox"/> Same as above; or <input type="checkbox"/> As Follows:		
Care Facility Name:	<input type="checkbox"/> N/A (IE. Person Resides at Home)		Admission Date:
Care Facility Address:			

PERSONAL PLANNING INFORMATION

If you have the following documents, it is very important that you bring a copy to the meeting

DOCUMENT	STATE	DATE
Last Will and Testament	<input type="checkbox"/> Same as above; or <input type="checkbox"/> As Follows:	
Codicil	<input type="checkbox"/> Same as above; or <input type="checkbox"/> As Follows:	
Durable Power of Attorney	<input type="checkbox"/> Same as above; or <input type="checkbox"/> As Follows:	
Living Will	<input type="checkbox"/> Same as above; or <input type="checkbox"/> As Follows:	
Health Care Power	<input type="checkbox"/> Same as above; or <input type="checkbox"/> As Follows:	
Living Trust	<input type="checkbox"/> Same as above; or <input type="checkbox"/> As Follows:	
Amendments to Trust	<input type="checkbox"/> Same as above; or <input type="checkbox"/> As Follows:	
Other Legal Agreements	<input type="checkbox"/> Same as above; or <input type="checkbox"/> As Follows:	

CLIENT - IMPORTANT FAMILY QUESTIONS

1. Do you have any children or grandchildren with learning or other disability?	Yes	No
2. Do any of your children receive governmental support or benefits?	Yes	No
3. Do any of your children or grandchildren have special educational, medical, or physical needs?	Yes	No
4. Is any member of your family institutionalized?	Yes	No
5. Are you receiving social security disability or other governmental benefits, besides Social Security Retirement benefits?	Yes	No
6. Do you provide primary or other major financial support to adult children?	Yes	No
7. Have you ever filed a federal or state gift tax return?	Yes	No
8. Are any of your children or grandchildren in the process of, or likely to be getting a divorce?	Yes	No
9. Are any of your children or grandchildren in serious credit trouble?	Yes	No
10. Are your children or grandchildren in occupations that have a high risk of being sued?	Yes	No
11. Do any of your children or grandchildren have problems managing money well?	Yes	No
12. Are you a veteran? Or were you married to a Veteran? If yes, dates of service: _____	Yes	No
13. Do you have an existing or previous will, trust, or estate plan? <i>(Please bring copies of these documents to the interview if at all possible.)</i>	Yes	No
14. Are you a United States citizen?	Yes	No
15. Are your children all United States citizens?	Yes	No

If you answered yes to any of the questions 1-11 above, please explain: _____

Please note any significant health issues of the client: _____

<div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Individual 1's Child <input type="checkbox"/> Individual 2's Child <input type="checkbox"/> Our Child Together </div> <h2 style="margin: 0; text-align: center;"><u>CHILD</u></h2>			
Full Legal Name			
Birth date		Age	
Address			
City, State, Zip			
Email Address			
Child's Spouses name		Telephone #	()
Children (your grandchildren)	Name		Age
Any special needs or considerations or other comment about this family:			

<div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Individual 1's Child <input type="checkbox"/> Individual 2's Child <input type="checkbox"/> Our Child Together </div> <h2 style="margin: 0; text-align: center;"><u>CHILD</u></h2>			
Full Legal Name			
Birth date		Age	
Address			
City, State, Zip			
Email Address			
Child's Spouse's name		Telephone #	()
Children (your grandchildren)	Name		Age
Any special needs or considerations or other comment about this family:			

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"><u>CHILD</u></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Individual 1's Child <input type="checkbox"/> Individual 2's Child <input type="checkbox"/> Our Child Together </div>			
Full Legal Name			
Birth date		Age	
Address			
City, State, Zip			
Email Address			
Child's Spouse's name		Telephone #	()
Children (your grandchildren)	Name		Age
Any special needs or considerations or other comment about this family:			

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Full Legal Name			
Birth date		Age	
Address			
City, State, Zip			
Email Address			
Child's Spouse's name		Telephone #	()
Children (your grandchildren)	Name		Age
Any special needs or considerations or other comment about this family:			

There are additional children. I have attached a separate sheet with their info.

Monthly Income

\$

<u>Type of Income</u>	<u>Client</u>	<u>Significant Other</u>
Employment	\$	\$
Social Security	Gross:	Gross:
	Medicare Deduction:	Medicare Deduction:
	Net:	Net:
	Direct Deposited to:	Direct Deposited to:
Pension (Include any deductions)	From:	From:
	Gross:	Gross:
	Deductions:	Deductions:
	Net:	Net:
IRAs	From: _____ Distribution: \$ _____	From: _____ Distribution: \$ _____
Annuities	From:	From:
	Gross:	Gross:
	Deductions:	Deductions:
	Net:	Net:
Annuities (Cont=d)	From:	From:
	Gross:	Gross:
	Deductions:	Deductions:
	Net:	Net:
Interest on Bank Accounts, Savings Accounts, CDs	\$	\$
Dividends on Stocks and Bonds	\$	\$
Other (Rents, etc.)	\$	\$
TOTALS	\$	\$

SUMMARY OF ASSETS

Client 1 is _____ Client 2 is _____

ASSETS	VALUE	OWNER	LIABILITIES
AUTOMOBILE		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
BUSINESS INTERESTS		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
CHECKING ACCOUNT		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
CHECKING ACCOUNT 2		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
SAVINGS ACCOUNT		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
MONEY MARKET ACCOUNT		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
CERTIFICATES OF DEPOSIT		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
LIFE INSURANCE - FACE VALUE		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
CASH VALUE			\$
RESIDENCE		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
OTHER REAL ESTATE		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
MUTUAL FUNDS		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
STOCKS		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
BONDS		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
ANNUITIES		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
IRA, 401K		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
OTHER:		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
OTHER:		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
OTHER:		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
OTHER:		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
OTHER:		<input type="checkbox"/> Joint <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	\$
TOTALS	\$		\$

At Griffin & Griffin we would like to thank those individuals who may have referred you to us.

To help us do that, please tell us how you heard about our firm: _____
