

# GRIFFIN & GRIFFIN

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](mailto:Griffin@GriffinElderLaw.com)

# & GRIFFIN GRIFFIN

Attorneys and Counselors at Law

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Phone: (941) 966-2700 Fax: (941) 966-2722

Email: Griffin@GriffinElderLaw.com

Client Information	
Full Legal Name:	
Date of Birth:	Age:
Home Address:	
Home Telephone:	Fax:
Cell Phone:	
E-mail address:	
Care Facility Name:	<input type="checkbox"/> N/A (I.E. Person is Home)
Nursing Home Address:	
Date of Admission:	

PERSONAL PLANNING INFORMATION		
<input type="checkbox"/> If you have the following documents, it is <u>very important</u> that you bring a copy to the meeting <input type="checkbox"/>		
DOCUMENT	STATE	DATE
Last Will and Testament		
Codicil		
Durable Power of Attorney		
Living Will		
Health Care Power		
Living Trust		
Amendments to Trust		
Premarital Agreement		

## 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?	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? 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:** \_\_\_\_\_

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**Please note any significant health issues of the client:** \_\_\_\_\_

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## CHILD

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

## CHILD

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

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

CHILD			
Full Legal Name			
Birth date		Age	
Address			
City, State, Zip			
Email Address			
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.**

## GROSS MONTHLY INCOME

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

## SUMMARY OF ASSETS

ASSETS	VALUE	LIABILITIES
AUTOMOBILE	\$	\$
BUSINESS INTERESTS	\$	\$
CHECKING ACCOUNT	\$	\$
SAVINGS ACCOUNT	\$	\$
MONEY MARKET ACCOUNT	\$	\$
CERTIFICATES OF DEPOSIT	\$	\$
LIFE INSURANCE - FACE VALUE	\$	\$
CASH VALUE	\$	\$
RESIDENCE	\$	\$
OTHER REAL ESTATE	\$	\$
MUTUAL FUNDS	\$	\$
STOCKS	\$	\$
BONDS	\$	\$
ANNUITIES	\$	\$
IRA, 401K	\$	\$
OTHER:	\$	\$
OTHER:	\$	\$
OTHER:	\$	\$
OTHER:	\$	\$
OTHER:	\$	\$
OTHER:	\$	\$
<b>TOTALS</b>		\$

**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:** \_\_\_\_\_

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