



YERGEY & YERGEY

PROFESSIONAL ASSOCIATION

Today's Planning. Tomorrow's Future.

Initial Consultation Information Sheet:

Your Name: _____ **Date:** ____ / ____ / ____ **S.S.#:** ____ - ____ - ____

Address: _____ **Home Telephone #:** (____) ____ - ____

City/St/Zip: _____ **Cell Phone #:** (____) ____ - ____

E-mail: _____ **Date of Birth:** _____

Business Name (if Applicable) _____

Will you accept documents by email? Yes _____ No _____

Referred By: _____

Type of case:

- Estate and/or Incapacity Planning
- Asset Protection
- Guardianship
- Probate
- Trust Administration
- Other _____

Reason for seeking consultation with our office: _____

Please list any other family members or others involved in this matter

Name & Relationship to You: _____

Address: _____

Email: _____ Phone: _____

- Friendly
- Adverse

Name & Relationship to You: _____

Address: _____

Email: _____ Phone: _____

- Friendly
- Adverse

Name & Relationship to You: _____

Address: _____

Email: _____ Phone: _____

- Friendly
- Adverse

Any Additional Information: _____

For office use only:

Originator: _____ Adverse: _____

Primary Attorney: _____

Primary Paralegal: _____

Billed: FLAT or HOURLY County: _____

Billed Monthly: Yes / No Evergreen: Yes / No Amount: \$ _____

Retainer: \$ _____ Date Retained: _____