EST. 2001

TEXAS PROBATE ATTORNEY

LITIGATION CLIENT INTAKE FORM

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

CLIENT INFORMATION

ESTATE/CASE NAME: _____

CAUSE NUMBER: _____

Your Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____

Home Phone: _____ Cell Phone No: _____

E-mail Address: _____

Soc. Sec. No: _____ Driver's License No: _____

Date of Birth: _____ State/Country of Birth: _____

Other names you have been known by: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Facsimile No: _____

Work E-mail Address: _____

Name of Emergency Contact, and Relation to You: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

REQUIRED INFORMATION:

Nature of case / reason for seeking consultation with our office: (PLEASE PROVIDE A NARRATIVE OF THE CASE AND A TIMELINE, USE ADDITIONAL SHEETS IF NECESSARY

_____

_____

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HAVE YOU BEEN SERVED WITH ANY DOCUMENTS IN THIS MATTER: ☐ YES ☐ NO

IF SO, PLEASE PROVIDE WHEN SERVED & NAME OF DOCUMENT SERVED WITH: _____

Date Served

_____

Name of pleading you were served with

HAVE YOU BEEN REPRESENTED BY ANY OTHER ATTORNEY IN THIS MATTER? ☐ YES ☐ NO

IF SO, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name of attorney & law firm: _____

_____

Address of attorney: _____

_____

PLEASE PROVIDE A COPY ALL DOCUMENTS YOU HAVE RECEIVED IN THIS MATTER

DECEDENT'S PERSONAL INFORMATION

Date of Death: _____
(Provide a certified copy of the death certificate.)

Decedent's Full First, Middle and Last Name

_____

Nickname | Social Security Number | Date of Birth

_____ | _____ | _____

***REQUIRED BY COURT**
(Do not leave blank)

Physical Address, City, State, Zip Code

_____

Mailing Address, City, State, Zip Code

_____

Employer _____ Position/Job Title _____

Business Address

_____

Retired ☐ YES ☐ NO

☐ U.S. Citizen ☐ Other Citizenship: _____

Driver's License Number and State _____ (Provide a copy)
***REQUIRED BY COURT (Do not leave blank!)**

OPPOSING PARTY INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone No: _____

E-mail Address: _____

Soc. Sec. No.: _____ Driver's License No: _____

Date of Birth: _____ State/Country of Birth: _____

Other names this person has been known by: _____

Is opposing party represented by an ATTORNEY in this matter? ☐ YES ☐ NO

Name of Attorney/Firm: _____

Address of Attorney/Firm: _____

Phone : _____

Email for opposing party attorney: _____

How did you hear about our office? _____

_____

TEXAS PROBATE ATTORNEY, PLLC

Houston/Fort Worth/Austin