

Confidential Client Questionnaire

Thank you for choosing Marshall, Parker & Weber for your consultation. Our team of knowledgeable attorneys and case managers are looking forward to meeting with you soon. We want to provide you with the best service and address your questions and concerns during your visit.

Please return your **Confidential Client Questionnaire** at least **three days** before your consultation by:

MAIL



Mail in the
postage-paid
envelope provided

EMAIL



E-mail it to:
webmail@paelderlaw.com

FAX



Fax it to:
1-866-712-4327

Why Is the Confidential Client Questionnaire Important?

- § To provide you with customized planning options, our team needs to understand "the big picture" that is why we ask each of our clients to complete the **Confidential Client Questionnaire** and return it to our office **three days prior** to your consultation.
- § We understand that you are sharing very personal information with us and we pledge to keep this information strictly confidential.
- § As you work through the **Questionnaire**, you may not know the answer to every question. We understand, but the more information you can complete, the better equipped we are to provide you with your personalized options and our recommendations.
- § Please return your **Questionnaire** in the postage-paid envelope provided. You can also email it to webmail@paelderlaw.com. In order for our team to prepare for your consultation, **it is important to return the Questionnaire at least three days prior to your scheduled consultation.**

What Can I Expect at My Consultation?

- § We have allowed a one-hour time frame for your consultation. If you are unable to arrive at your scheduled appointment time, please understand that your one hour will be adjusted and we will be concluding the appointment at the scheduled time. If for some reason it appears your consultation will last longer than an hour, your attorney may suggest scheduling a follow-up meeting for another day. Your attorney will advise you whether a fee will apply for that follow-up meeting.
- § It is very important to have all decision makers available for your consultation. This is especially true if you are meeting with Marshall, Parker & Weber to discuss long-term care (crisis) planning. If someone is unable to attend in person, they can participate by conference call if arrangements are made PRIOR to your consultation.
- § Please be sure to bring copies (or originals) of the documents listed on the enclosed **Consultation Checklist**. Your attorney may review those documents during your consultation.
- § When you arrive, you will be meeting with an attorney and case manager from our knowledgeable team. They will talk with you about your goals and objectives; they may ask you questions and clarify items from your **Questionnaire**. They will also provide you with their recommendations of the best ways to meet your goals and the flat fee price for Marshall, Parker & Weber to complete your plan. Of course, you will also have the opportunity to ask your own questions throughout the consultation so you can understand your options and be confident in the decisions you make.
- § Most of our clients choose to hire Marshall, Parker & Weber at the conclusion of their consultation. If this is the case for you, your attorney will prepare a **Fee Agreement**. This agreement describes the services we will be providing to you and the amount you have agreed to pay. Depending on the type of services we provide, you may be asked to provide partial or full payment that day.

1. Who will be attending your initial consultation?

2. What are your 3 main goals for this consultation?

1. _____

2. _____

3. _____

3. How were you referred to Marshall, Parker & Weber?

4. CLIENTS' PERSONAL INFORMATION:

Client's Name

Co-Client's Name

First MI Last Suffix

First MI Last

Client's Date of Birth

Co-Client's Date of Birth

Client's Date of Death (if applicable)

Co-Client's Date of Death (if applicable)

Client's Social Security Number

Co-Client's Social Security Number

Cell Phone

Cell Phone

CLIENT:

CO-CLIENT:

A U.S. Citizen? Yes No

A U.S. Citizen? Yes No

A Veteran? Yes No

A Veteran? Yes No

Number of Times Married _____

Number of Times Married _____

E-Mail: _____

E-Mail: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Medical Concerns: _____

Medical Concerns: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Phone: _____

C. Child's Name: _____
 First MI Last Suffix

Street Address: _____ City: _____

State: _____ Zip Code: _____ E-Mail Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Social Security Number: _____ Date of Birth: _____

Marriage Status: _____ Spouse's Name: _____

Name and Ages of Children:

1. _____ 2. _____

3. _____ 4. _____

D. Child's Name: _____
 First MI Last Suffix

Street Address: _____ City: _____

State: _____ Zip Code: _____ E-Mail Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Social Security Number: _____ Date of Birth: _____

Marriage Status: _____ Spouse's Name: _____

Name and Ages of Children:

1. _____ 2. _____

3. _____ 4. _____

6. CLIENTS' ADVISORS

	NAME	PHONE NUMBER
FINANCIAL PLANNER		
ACCOUNTANT		
INSURANCE AGENT		
OTHER ADVISOR		

7. FINANCIAL DATA

PERSONAL PROPERTY	AMOUNT OWED (if any)	JOINT	CLIENT	CO-CLIENT
Primary Residence (Assessed Value) Please Obtain from Tax Bill: Land # _____ Acres _____ Building & Improvements # _____	\$	\$	\$	\$
Additional Real Estate #1 (Condos, Hunting Clubs, Rentals)	\$	\$	\$	\$
Additional Real Estate #2 (Condos, Hunting Clubs, Rentals)	\$	\$	\$	\$
Additional Real Estate #3 (Condos, Hunting Clubs, Rentals)	\$	\$	\$	\$
Additional Real Estate #4 (Condos, Hunting Clubs, Rentals)	\$	\$	\$	\$
Automobile (most valuable)	\$	\$	\$	\$
Additional Automobiles	\$	\$	\$	\$
Personal Effects, Household Items, Collections	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

ACCOUNTS AND POLICIES	TOTAL NUMBER OF ACCOUNTS OR POLICIES	JOINT	CLIENT	CO-CLIENT
Savings Accounts		\$	\$	\$
Checking Accounts		\$	\$	\$
Money Market Accounts		\$	\$	\$
Certificates of Deposit		\$	\$	\$
Mutual Funds		\$	\$	\$
Stocks		\$	\$	\$
Bonds		\$	\$	\$
Annuities		\$	\$	\$
IRAs		\$	\$	\$
401Ks		\$	\$	\$
Whole Life Insurance		\$	\$	\$
Term Life Insurance		\$	\$	\$
Group Life Insurance		\$	\$	\$
Other:		\$	\$	\$
Other:		\$	\$	\$
Other:		\$	\$	\$
TOTAL		\$	\$	\$

OTHER ASSETS	JOINT	CLIENT	CO-CLIENT
Business Interests (LLC, FLP, S-Corp)	\$	\$	\$
Burial Accounts	\$	\$	\$
Long-Term Care Insurance Daily Benefit \$ _____ Maximum Benefit \$ _____	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
TOTAL	\$	\$	\$

INCOME	CLIENT	CO-CLIENT
Social Security	\$	\$
Pension	\$	\$
Interest	\$	\$
Other:	\$	\$
Other:	\$	\$
TOTAL	\$	\$

Do you own any property subject to an oil or gas lease? Yes No

Have you ever filed a United States Gift Tax Return (Form 709)? Yes No

Have you given any assets in excess of \$500.00 (gifts of money, your home or other property, automobiles, etc.) to individuals or to a trust in the last five years? Yes No

If so, please list:

ASSET GIFTED	DATE OF GIFT	GIVEN TO	VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. CERTIFICATION

Questionnaire Completed By: _____

Date Completed: _____

**Thank you for completing our Confidential Client Questionnaire.
We ask that you return your completed Questionnaire at least three days before your scheduled consultation.**

Please use the enclosed postage paid envelope or email it to webmail@paelderlaw.com.

If you have questions about your consultation or this Questionnaire, we would be happy to assist you.