Marshall, Parker & Weber, LLC
Expert Guidance When You Need it Most

Elder Law
Estate & Special Needs Planning
Estate Administration
Care Management
Gas Royalty Planning

www.paelderlaw.com 1-800-401-4552

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.

- When completing the form, we understand that you are sharing very personal information about the client and/or co-client with us and we pledge to keep this information strictly confidential. The client and/or co-client is the person(s) for which services are intended for, and his or her spouse/significant other.

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

2. **Who will be attending your initial consultation?**

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

   1. ______________________________
   2. ______________________________
   3. ______________________________

4. **CLIENT and CO-CLIENT PERSONAL INFORMATION**:

Client's Name

______ ___ ______ ______
First MI Last Suffix

______ ______
Date of Birth Social Security Number

______
Date of Death (if applicable)

Cell Phone: ______

E-Mail: ______

A U.S. Citizen? ☐ **Yes** ☐ **No**
A Veteran? ☐ **Yes** ☐ **No**

Number of Times Married ______

Employer: ______
Work Phone: ______

Medical Concerns: ______
______
______

Co-Client's Name

______ ___ ______ ______
First MI Last Suffix

______ ______
Date of Birth Social Security Number

______
Date of Death (if applicable)

Cell Phone: ______

E-Mail: ______

A U.S. Citizen? ☐ **Yes** ☐ **No**
A Veteran? ☐ **Yes** ☐ **No**

Number of Times Married ______

Employer: ______
Work Phone: ______

Medical Concerns: ______
______
______

Street Address: ______

City: ______ State: ______ Zip Code: ______

County: ______ Home Phone: ______

5. CHILDRENS' INFORMATION

Does anyone in your family have a physical, intellectual or developmental disability? ☐ **Yes** ☐ **No**

Is anyone in your family receiving Supplemental Security Income (SSI) or Social Security Disability (SSD) because of a disabling physical or mental condition that was diagnosed by a physician? ☐ **Yes** ☐ **No**

Do you want your children's email addresses added to our firm newsletter list?
Unless "yes" is marked, we will not add your children to the email list. ☐ **Yes** ☐ **No**

A. 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: ______________________

Names and Ages of Children:

1. ____________________ ______ 2. ____________________ ______

3. ____________________ ______ 4. ____________________ ______

B. 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: ______________________

Names and Ages of Children:

1. ____________________ ______ 2. ____________________ ______

3. ____________________ ______ 4. ____________________ ______

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: ______________________

Names 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: ______________________

Names 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:** *Acres* ________	$	$	$	$
Additional Real Estate #1 *(Condos, Hunting Clubs, Rentals)* *Acres* ________	$	$	$	$
Additional Real Estate #2 *(Condos, Hunting Clubs, Rentals)* *Acres* ________	$	$	$	$
Additional Real Estate #3 *(Condos, Hunting Clubs, Rentals)* *Acres* ________	$	$	$	$
Additional Real Estate #4 *(Condos, Hunting Clubs, Rentals)* *Acres* ________	$	$	$	$
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:		$	$	$
TOTAL		$	$	$
Debt (credit cards, personal loans, etc.)		$	$	$

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

MONTHLY 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.