

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 possible service and address your questions and concerns during your visit.

If you are receiving this via email, or accessing from the website, then this is a fillable form for your convenience.

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

How were you referred to Marshall, Parker and Weber? _____

Who will be attending the consultation? _____

What are your goals for this consultation?

1. _____

2. _____

3. _____

CLIENT INFO

Client Name: _____ Co-Client Name: _____

DOB: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Primary Email: _____

Alternate Phone: _____ Alternate Email: _____

CLIENT HISTORY

Client number of times married: _____

Are you a Veteran? yes no

Client Medical Concerns: _____

CO-CLIENT HISTORY

Co-client number of times married: _____

Are you a Veteran? yes no

Co-Client Medical Concerns: _____

CHILDREN'S INFO

Child Name: _____ Date of Birth: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Married? yes no Spouse Name: _____

THEIR CHILDREN: NAMES/AGES

1. _____ / _____ 3. _____ / _____

2. _____ / _____ 4. _____ / _____

Receiving SSD/SSI? yes no

CHILDREN'S INFO

Child Name: _____ Date of Birth: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Married? yes no Spouse Name: _____

THEIR CHILDREN: NAMES/AGES

1. _____ / _____ 3. _____ / _____

2. _____ / _____ 4. _____ / _____

Receiving SSD/SSI? yes no

CHILDREN'S INFO

Child Name: _____ Date of Birth: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Married? yes no Spouse Name: _____

THEIR CHILDREN: NAMES/AGES

1. _____ / _____ 3. _____ / _____

2. _____ / _____ 4. _____ / _____

Receiving SSD/SSI? yes no

CLIENT ADVISORS

	Name	Phone Number
Financial Planner	_____	_____
Accountant	_____	_____
Insurance Agent	_____	_____
Other Advisor	_____	_____

ASSETS

ASSET DESCRIPTION	VALUE	OWNERSHIP			
		JOINT	CLIENT	CO-CLIENT	TRUST
Primary Residence Acres _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Real Estate Acres _____ State _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle - Primary	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle - Additional	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER PROPERTY	VALUE	JOINT	CLIENT	CO-CLIENT	TRUST
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIQUID ASSETS	VALUE	OWNERSHIP			
		JOINT	CLIENT	CO-CLIENT	TRUST
Checking Account 1	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking Account 2	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings 1	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings 2	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money Market	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CD's	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuity/Non-Retirement	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuity/Retirement	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IRA's	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
401k/403B	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance/Whole Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance/Term	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital Assets	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSETS CONT'D

Debts (Mortgage, HELC, Loans, Credit Card) - Please list types and amounts. _____

Interest in a Sole Proprietorship LLC, S-Corp, Partnership? yes no

If yes, explain: _____

Long-Term Care Insurance Client? yes no Daily Benefit: _____ # of Years: _____

Long-Term Care Insurance Co-Client? yes no Daily Benefit: _____ # of Years: _____

INCOME INFORMATION

MONTHLY INCOME

	CLIENT	CO-CLIENT
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Do you own any property subject to a gas lease? yes no

Have you ever filed a Gift Tax Return (Form 709)? yes no

Have you made gifts in excess of \$500 in the past 5 years?
(ex: cash, real estate interest, automobiles, etc.) yes no

If yes, please explain: _____

CERTIFICATION:

I hereby certify that these responses are true and accurate to the best of my knowledges and that any potential clients are U.S. citizens.

Signature: _____

Date: ____ / ____ / ____