

## 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:  
use the postage-paid  
envelope provided

### EMAIL



E-Mail it to:  
[webmail@paelderlaw.com](mailto: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

First/Middle Initial: \_\_\_\_\_

Last: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

## CLIENT HISTORY

Number of times married? \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_

## CO-CLIENT HISTORY

Number of times married? \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_

## CLIENT MEDICAL CONCERNS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CO-CLIENT MEDICAL CONCERNS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CHILDREN'S INFO

First/Middle/Last: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Married? \_\_\_\_\_ Spouse Name: \_\_\_\_\_

### THEIR CHILDREN: NAMES/AGES

1. \_\_\_\_\_ / \_\_\_\_\_ 3. \_\_\_\_\_ / \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_ 4. \_\_\_\_\_ / \_\_\_\_\_

Receiving SSD/SSI? \_\_\_\_\_

## CHILDREN'S INFO

First/Middle/Last: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Married? \_\_\_\_\_ Spouse Name: \_\_\_\_\_

### THEIR CHILDREN: NAMES/AGES

1. \_\_\_\_\_ / \_\_\_\_\_ 3. \_\_\_\_\_ / \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_ 4. \_\_\_\_\_ / \_\_\_\_\_

Receiving SSD/SSI? \_\_\_\_\_

## CHILDREN'S INFO

First/Middle/Last: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Married? \_\_\_\_\_ Spouse Name: \_\_\_\_\_

### THEIR CHILDREN: NAMES/AGES

1. \_\_\_\_\_ / \_\_\_\_\_ 3. \_\_\_\_\_ / \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_ 4. \_\_\_\_\_ / \_\_\_\_\_

Receiving SSD/SSI? \_\_\_\_\_

## 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"/>

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"/>
CDs	\$ _____	<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"/> \$ _____	
IRA			<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	
IRA			<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	
401(k)/403(b)			<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	
401(k)/403(b)			<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	
Insurance/Whole Life cash value	\$ _____	<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? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

Long-Term Care Insurance Client? \_\_\_\_\_ Daily Benefit: \_\_\_\_\_ # of Years: \_\_\_\_\_  
Long-Term Care Insurance Co-Client? \_\_\_\_\_ Daily Benefit: \_\_\_\_\_ # of Years: \_\_\_\_\_

**INCOME INFORMATION**

<b>GROSS MONTHLY INCOME</b>	<b>CLIENT</b>	<b>CO-CLIENT</b>
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>

Do you own any property subject to a gas lease? \_\_\_\_\_

Have you ever filed a Gift Tax Return (Form 709)? \_\_\_\_\_

Have you made gifts in excess of \$500 in the past 5 years? \_\_\_\_\_  
(ex: cash, real estate interest, automobiles, etc.)

If yes, please explain: \_\_\_\_\_

**CERTIFICATION:**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_