

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

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 ADVISORS

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

CLIENT INFO

First/Middle Initial: _____
Last: _____
Date of Birth: ____ / ____ / ____
Client Phone: _____
Client Email: _____

Address: _____
City: _____ State: _____ Zip: _____ County: _____

CO-CLIENT INFO

First/Middle Initial: _____
Last: _____
Date of Birth: ____ / ____ / ____
Co-Client Phone: _____
Co-Client Email: _____

CLIENT HISTORY

Marital Satus: Married Divorced Widow
Number of times married? _____
Are you a Veteran? _____

CO-CLIENT HISTORY

Marital Satus: Married Divorced Widow
Number of times married? _____
Are you a Veteran? _____

CLIENT MEDICAL CONCERNS

CO-CLIENT MEDICAL CONCERNS

CHILDREN'S INFO

First/Middle Initial/Last: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary Phone: _____ Email: _____

Married? _____ Spouse Name: _____

THEIR CHILDREN: NAMES/AGES

1. _____ / _____ 2. _____ / _____

3. _____ / _____ 4. _____ / _____

Receiving SSD/SSI? _____

CHILDREN'S INFO

First/Middle Initial/Last: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary Phone: _____ Email: _____

Married? _____ Spouse Name: _____

THEIR CHILDREN: NAMES/AGES

1. _____ / _____ 2. _____ / _____

3. _____ / _____ 4. _____ / _____

Receiving SSD/SSI? _____

CHILDREN'S INFO

First/Middle Initial/Last: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary Phone: _____ Email: _____

Married? _____ Spouse Name: _____

THEIR CHILDREN: NAMES/AGES

1. _____ / _____ 2. _____ / _____

3. _____ / _____ 4. _____ / _____

Receiving SSD/SSI? _____

CHILDREN'S INFO

First/Middle Initial/Last: _____ Date of Birth: ____ / ____ / ____
Address: _____
City: _____ State: _____ Zip: _____ County: _____

Primary Phone: _____ Email: _____
Married? _____ Spouse Name: _____

THEIR CHILDREN: NAMES/AGES

1. _____ / _____ 2. _____ / _____
3. _____ / _____ 4. _____ / _____

Receiving SSD/SSI? _____

CHILDREN'S INFO

First/Middle Initial/Last: _____ Date of Birth: ____ / ____ / ____
Address: _____
City: _____ State: _____ Zip: _____ County: _____

Primary Phone: _____ Email: _____
Married? _____ Spouse Name: _____

THEIR CHILDREN: NAMES/AGES

1. _____ / _____ 2. _____ / _____
3. _____ / _____ 4. _____ / _____

Receiving SSD/SSI? _____

CHILDREN'S INFO

First/Middle Initial/Last: _____ Date of Birth: ____ / ____ / ____
Address: _____
City: _____ State: _____ Zip: _____ County: _____

Primary Phone: _____ Email: _____
Married? _____ Spouse Name: _____

THEIR CHILDREN: NAMES/AGES

1. _____ / _____ 2. _____ / _____
3. _____ / _____ 4. _____ / _____

Receiving SSD/SSI? _____

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

GROSS MONTHLY INCOME

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

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: ____ / ____ / ____

ADDITIONAL INFORMATION