



National  
Legal  
Solutions  
Center

Please fill this form out to the best of your ability. Once you submit this form, a member of our staff will reach out to you to arrange a free consultation.

## CLIENT INTAKE FORM

Name:

County:

State:

Phone:

Married:      Yes      No

Spouse's Name:

Children?:      Yes      No

Are Any Minors?:      Yes      No

Type of Estate Plan/services desired:

Revocable Living Trust:

Will :

Powers of Attorney:

Ladybird Deed:

Unsure/I wish to discuss this with Attorney:

In this section please explain what your concerns, if any, about your estate and are there any circumstances which could potentially complicate it: