

DOUGLAS W. WARNOCK CO., L.P.A

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ESTATE PLANNING CLIENT INFORMATION

***** YOUR INITIAL OFFICE CONFERENCE FEE IS \$150.00 *****

Please pay the receptionist at your initial appointment.

WE ACCEPT CREDIT CARD PAYMENTS FOR YOUR CONVENIENCE.

Date _____

Your Full Name: _____

Birth Date _____ Age _____ Sex _____ Social Security Number _____

Spouse's Full Name: _____

Birth Date _____ Age _____ Sex _____ Social Security Number _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

FAX Number: _____ E-mail Address - home: _____

Work Phone: _____ E-mail Address - work: _____

Employer/Address: _____

Circle One: Single Married Divorced Widowed

Date of Marriage: _____ Place of Marriage: _____

Did you and your spouse sign a Prenuptial Agreement? _____

Children from Present Marriage:

Full Name: _____ DOB: _____

Full Name: _____ DOB: _____

Full Name: _____ DOB: _____

Married before? Yes No How Many Times: _____

Children from Previous Marriage(s) or Relationship(s):

Full Name: _____ DOB: _____

Full Name: _____ DOB: _____

Has Mr. Warnock represented you before? Yes No

If yes, when and why? _____

Were you referred to our office? _____ If so, by whom? _____

How would you prefer that we provide information to you?

_____ U.S. Mail (at what address?): _____

_____ E-Mail (at what address?): _____

_____ FAX (at what FAX number?): _____