

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

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**ESTATE PLANNING CLIENT INFORMATION**

**\*\*\* YOUR INITIAL OFFICE CONFERENCE FEE IS \$200.00 \*\*\***

*Please pay the receptionist when you complete this form.*

**WE ACCEPT CREDIT CARD PAYMENTS FOR YOUR CONVENIENCE.**

Date \_\_\_\_\_ Paid \$200 Conference Fee? Yes No

Your Full Name: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

FAX Number: \_\_\_\_\_ E-mail Address - home: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address - work: \_\_\_\_\_

Employer/Address: \_\_\_\_\_

\_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_

\_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_

Circle One: Single Married Divorced Widowed

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Did you and your spouses 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? \_\_\_\_\_

Describe briefly why you are here today: \_\_\_\_\_

How would you prefer that we provide information to you?

\_\_\_\_\_ U.S. Mail (at what address?): \_\_\_\_\_

\_\_\_\_\_ E-Mail (at what address?): \_\_\_\_\_