

**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 assistant when you complete this form and, or, prior to the Zoom/Telephone meeting.*

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

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

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

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

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

Spouse's Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

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

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

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: \_\_\_\_\_

Do you have a will? Yes / No Do you have a trust? Yes / No

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?): \_\_\_\_\_