



WARNOCK *Law*

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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: _____

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?): _____