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GUARDIAN / CONSERVATORSHIP CONSULTATION

Please fill out completely. You can fax, email, drop off or return by U.S. Postal mail for PMC Law Firm to review. This form is extremely important. Your accuracy and completeness in responding will help us best represent you.

Please list your specific questions for the Attorney at the end of the last page. All responses are protected by Attorney/Client privilege and will be held in strictest confidence.

Your Full Name:

 First Last

Street Address: _____

City _____ State _____ Zip Code _____

Telephone Numbers: Cell: _____ Home: _____

Work: _____ Email address: _____

Date of Birth: _____ Social Security Number (Optional): _____

How did you hear about or find us? _____

Name of Person to be Protected: _____

Their Date of Birth: _____ Age: _____ Social Security Number: _____

Address of person to be protected: _____

Your relationship to this person:

Please provide a description of the person's limitations and why you feel they need a Guardian or Conservator:

List all immediate family members of person to be protected: (Continue on last page if needed)

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>	<u>DOB</u>	<u>RELATIONSHIP</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does the person to be protected have any of the following documents already in place?
(Check all that apply)

- Will
- Health Care Power of Attorney
- Financial or General Durable Power of Attorney

Do you expect anyone to contest your appointment in any way? If so, please explain.

Does the person to be protected currently own any of the following, jointly or solely:
(Check all that apply)

- Land / Real Estate
- Vehicles
- Business
- Investment accounts
- Insurance policies / Retirement accounts
- Safe deposit box

Do you have any medical records or doctor's reports describing this person incapacity? Yes ___
No ___

If so, please bring this with you. If not, do you have access to this information? Yes ___ No ___

Do you or the person that needs protection currently have an attorney, or have you discussed this matter with another attorney? Yes ___ No ___

If so, please describe the current relationship: _____

PLEASE READ CAREFULLY AND SIGN:

Following your initial consultation, you will sign a Retainer Agreement if you agree to hire the Attorney and the Attorney agrees to represent you. That Agreement will set forth the terms and conditions of representation.

NOTICE: This firm does not represent you until a Retainer Agreement is executed in writing.

If the Attorney is willing to represent you and you decide not to sign the Retainer Agreement concluding your appointment, you are strongly urged to schedule a second appointment with the Attorney at the earliest possible time or to immediately consult with other legal counsel to protect your rights.

If for whatever reason the Attorney is unable to represent you, the Attorney does not represent you with regard to any of the information set forth by you on this information form or any other matters you may have discussed with the Attorney during your consultation. If your legal problems involve a potential lawsuit, it is important that you realize a lawsuit must be filed within a certain period of time called a Statute of Limitations. Therefore, the Attorney strongly urges you to immediately consult with another Attorney to protect your rights. The Attorney's inability to represent you should not be taken by you as an expression regarding the merits of your case.

Your signature below acknowledges that you believe the information you have provided to be accurate and understand that submission of this information does not create an Attorney-Client relationship.

SIGNATURE:

DATE:

PLEASE USE THIS SECTION FOR SPECIFIC QUESTIONS OR ADDITIONAL INFORMATION:

