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PROBATE / ESTATE CONSULTATION

Please fill this form out as completely as possible. You can fax, email , drop off or return by U.S. Postal mail to PMC Law Firm for review. This form is extremely important. Your accuracy and completeness in responding will help us make the best plans for 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: _____ E-mail address: _____

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

How did you hear about or find us? _____

Name of Decedent: _____

Decedent's Date of Birth: _____ Decedent's Date of Death: _____

Decedent's County of Residence at Time of Death: _____

Your relationship to the Decedent: _____

Do you expect anyone to contest the Will or foresee any problems with the administration of the Estate or Will? If so, please explain: _____

PLEASE READ CAREFULLY & 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 discuss 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 _____
