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## PROBATE / ESTATE CONSULTATION

Please fill this form out as completely as possible. You can fax or email it back to us, or you can bring it with you to your appointment. 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 u	s?
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	t:
	the Will or foresee any problems with the administration of the Estate

Please list the closest living relatives to the Decedent: (Continue on last page if needed)

ADDRESS	<u>RELATIONSHIP</u>
nily members minors?	
n, did the Decedent own (Check all that apply):	
state	
ccounts	
Box	
ading Debt	
have you ever been represented by an attorney? Ye	es No
hey still representing you?	
xplanation of the circumstance for that case:	
ECTION FOR SPECIFIC QUESTIONS OR ADDITIO	NAL INFORMATION:
	illy members minors?

## 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	

## To be completed by Attorney

Potential Client(s):
Others in attendance:
Today's date:
☐ Will represent
Will investigate and report (Schedule a follow-up conference for days)
☐ Representation declined by: ☐ Attorney ☐ Party
Party will get back to us – No action will be taken, and party was so informed
Reason:
Attorney:
Notes: