

**CONFIDENTIAL**

**CLIENT INTAKE QUESTIONNAIRE**

I (We) understand that this questionnaire is designed to provide the attorneys at IVEY FOSBINDER FOSBINDER LLC with important information for estate planning purposes, and that the accuracy of the information provided herein will affect the attorney's ability to assist and advise clients. The estate and tax planning information that we give to you may be incorrect or incomplete if you do not fully disclose the details of your situation. Information provided is held in complete confidence.

I (We) hereby confirm that such information is substantially correct:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Dated: \_\_\_\_\_

**Billing Policy:** The attorney will review your confidential data sheet with you and make a recommendation, which will include a fee estimate. If you decide to proceed, the fee estimate becomes part of a fee agreement. 50% of the fee will be paid upon commencement, and the balance will be due at or before signing. Costs and expenses are additional. In cases where the documents are not signed within the month, the balance will be invoiced and payable within 30 days (see IFF Price Book for details).

**INITIAL CONSULTATIONS:**

<b>With Attorney Rhonda M. Fosbinder</b>	<b>30 Minute Free Consultation (For New Clients) \$225/hour thereafter</b>
<b>With Attorney Elizabeth A. Ivey or James H. Fosbinder</b>	<b>\$250/hour</b>
<b>With Attorney Richelle Thomson</b>	<b>30 Minute Free Consultation (For New Clients) \$195/hour</b>

**PART ONE**

**DATA SHEET**

Please attach additional sheets if necessary

I. **FAMILY DATA**

Client #1 Name:

\_\_\_\_\_

(Last) (First) (Middle)

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Client #2 Name:

\_\_\_\_\_

(Last) (First) (Middle)

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

1. Are you residents of Hawaii? Client #1 \_\_\_\_\_ Client #2 \_\_\_\_\_

2. Are you U.S. citizens? Client #1 \_\_\_\_\_ Client #2 \_\_\_\_\_

If not, citizen of what country? \_\_\_\_\_