

# DESCHENE LAW OFFICE

## CLIENT INTAKE FORM

Thank you for choosing Deschene Law Office to do your estate, elder law, Medicaid and/or asset protection planning. In order to save time at your initial consultation with Attorney Deschene, we ask that you complete **SECTIONS 2 and 3** of this form and bring it with you when you come into the office for your appointment. If you cannot make your scheduled appointment, we ask that you call our office (508-316-3853) at least 24 hours in advance to reschedule. Thank you.

### SECTION 1: PHONE INTAKE

Scheduled date of your appointment: \_\_\_\_\_

Name: \_\_\_\_\_

Maiden Name?: \_\_\_\_\_ Any aliases?: \_\_\_\_\_

How do you prefer to be addressed? First name  Nickname : \_\_\_\_\_  
Mr.  Ms.  Mrs.

Brief description of the reason for your consultation: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

How do you prefer to be contacted: Mail  Phone  Email  Virtual Law Office

How did you hear about DLO? Family Member/Friend  Our Website/Blog

Lawyers.com  Newspaper  Seminar  Newsletter

Other  Name of person who referred you: \_\_\_\_\_

### SECTION 2 - ADVISORS

**SECTION 2: Your Advisor Team:** DLO likes to collaborate with other financial advisors in developing a comprehensive estate plan that meets your needs and goals.

Do you have an **accountant**? Yes  No  Name: \_\_\_\_\_

Are you satisfied with the services your CPA provides? Yes  No

Would you like us to recommend another CPA? Yes  No

[CONTINUED ON BACK]



SECTION 2 (continued)

Do you have a **financial planner**? Yes  No  Name: \_\_\_\_\_

Are you satisfied with the services your FP provides? Yes  No

Would you like us to recommend another FP? Yes  No

Do you have an **insurance agent**? Yes  No  Name: \_\_\_\_\_

Are you satisfied with the services your agent provides? Yes  No

Would you like us to recommend another agent? Yes  No

Do you own your **own home**? Yes  No  Mortgage?: Yes  No

Term: \_\_ yrs Rate \_\_ % Balance: \$ \_\_\_\_\_ Plans to buy or sell? Yes  No

Any major improvements needed? Yes  No  : Type: \_\_\_\_\_

Do you anticipate needing nursing home care? Yes  No  When: \_\_\_\_\_

SECTION 3 –CONFLICT OF INTEREST CHECK

**SECTION 3:** Are there any other parties coming with you to appointment with you, and the reason for attending:

\_\_\_\_\_

\_\_\_\_\_

Name of close relatives (we use this information to make sure we would not have a conflict of interest in acting as your attorney):

Parents: \_\_\_\_\_

Children: \_\_\_\_\_

Siblings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of any persons who might object to your legal goals (for example, a family member that you intend to omit from your estate plan, or a family member who might object to your petition to become a guardian or conservator of a family member):

\_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# FOR DLO OFFICE USE ONLY

Client Name: \_\_\_\_\_

Date of Initial Consultation: \_\_\_\_\_

Status after consultation:     Client wants to retain DLO:    Client File No. \_\_\_\_\_  
    Client decided not to retain DLO at this time: \_\_\_\_\_  
    Client considering whether to retain DLO: \_\_\_\_\_

Client Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Description of Scope of Retention/Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Followup:    Conflict Check: \_\_\_\_\_    Digital File Opened: \_\_\_\_\_  
Draft and send client Retainer Agreement on \_\_\_\_\_    Returned: \_\_\_\_\_  
Follow up on undecided client by \_\_\_\_\_    Status: \_\_\_\_\_  
Follow up on undecided client by \_\_\_\_\_    Status: \_\_\_\_\_  
Follow up on undecided client by \_\_\_\_\_    Status: \_\_\_\_\_

Referrals Made:    CPA: \_\_\_\_\_    C D F J S R X (circle)  
   FP: \_\_\_\_\_    C D F J S R X (circle)  
   Insurance: \_\_\_\_\_    C D F J S R X (circle)  
   Realtor: \_\_\_\_\_    C D F J S R X (circle)  
   Lender: \_\_\_\_\_    C D F J S R X (circle)

- C- Client wants us to call advisor *during* initial consultation and schedule meeting
- D- Client will contact advisor directly, does *not* want us to follow up
- F- Client will call advisor directly, but we will *follow up* with client after 2 weeks with reminder call
- J- Client wants us to schedule a *joint consultation* between DLO and advisor
- S- Client wants us to schedule a one-on-one consultation with advisor *after* consultation
- R- Client does not mind if we give advisor their contact information, and if advisor reaches out
- X- Client does *not* want us to give advisor their contact information, and wants to initiate the contact