

CLIENT INFORMATION

Date: _____

Legal Name: _____

Preferred First Name: _____ Date of Birth: _____

Home Address: _____

City, State, Zip: _____ County: _____

Marital Status: _____

Best phone number to call: _____ Home Cell Work

Alternate phone number: _____ Home Cell Work

Email: _____ Occupation: _____

Spouse's Legal Name: _____

Preferred First Name: _____ Date of Birth: _____

Best phone number to call: _____ Home Cell Work

Alternate phone number: _____ Home Cell Work

Email: _____ Occupation: _____

Matters to be Discussed:

___ Will ___ Power of Attorney ___ Health Care Power of Attorney/Living Will
___ Trust ___ Other: _____

Referred by:

Individual (name): _____

I am a client of: ___ Niehaus Financial Services ___ Niehaus Tax Services

Other: ___ Church Bulletin (Parish: _____)

___ Office Sign ___ Website

___ Other: _____

FEE NOTICE: I understand that I will be charged for this meeting / consultation, by a fee for any legal documents prepared and/or at an hourly rate.

Client Signature