

OFFICE USE

Fee Quoted _____

Referrer Thanked _____



OFFICE USE

Conflicts Checked _____

Conflicts Created _____

Thank you for choosing The Garde Law Firm, PLLC. I understand that this may be a very difficult time in your life and I am honored to be of assistance to you. Please take a few moments to answer some questions about your situation. This will help me efficiently assist you today and in the future.

Today's Date: _____

Your full name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

If there will be a co-guardian, please provide the following information for him/her.

Co-guardian's full name: _____ DOB: _____

Co-guardian's address: _____
(if different than yours) _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Incapacitated person's full name: _____ DOB: _____

Incapacitated person's residential address: _____

Your relationship to the incapacitated person: _____

Co-guardian's relationship to the incapacitated person: _____

What is the incapacitated person's disability? _____

Does the incapacitated person own assets with a total value greater than \$10,000.00? Yes No

How did you hear about this firm? _____