

BURNER LAW GROUP, P.C.

ATTORNEYS AT LAW

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INITIAL CLIENT QUESTIONNAIRE

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PERSON COMPLETING FORM: _____ DATE: _____

***PLEASE NOTE WE WILL NEED A COPY OF YOUR DRIVERS LICENSE(S) OR PHOTO ID(S).
THE RECEPTIONIST WILL BE ABLE TO MAKE THESE COPIES UPON YOUR ARRIVAL.**

PERSONAL INFORMATION

Legal Name _____
Salutation First Middle Last

Also Known As _____ Male Female
(Other names used to title property and accounts)

Birth date _____ US Citizen? Yes No Wartime Veteran? Yes No Social Security #: _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____ Business Telephone _____

Married: Date of Marriage _____ Divorced Widowed Single Domestic Partnership

Personal E-mail Address _____ It is OK to communicate with me via my E-mail address.

(IMPORTANT NOTICE: When filling out client information sheet(s), please use a personal email address rather than a work e-mail address. There is no attorney client privilege extended to communications transmitted through your employer email address.)

Employer _____ Position _____

Spouse/Partner Legal Name _____
Salutation First Middle Last

Also Known As _____ Male Female
(Other names used to title property and accounts)

Birth date _____ US Citizen? Yes No Wartime Veteran? Yes No Social Security #: _____

ADDRESS SAME AS ABOVE (If different please complete section below)

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____ Business Telephone _____

Employer _____ Position _____

Personal E-mail Address _____ It is OK to communicate with me via my E-mail address.

(IMPORTANT NOTICE: When filling out client information sheet(s), please use a personal email address rather than a work e-mail address. There is no attorney client privilege extended to communications transmitted through your employer email address.)

Name _____ Telephone Number _____
Address _____ City _____ State _____ Zip _____

CERTIFIED PUBLIC ACCOUNTANT (CPA)

Name _____ Telephone Number _____
Address _____ City _____ State _____ Zip _____

CHILDREN

Use full legal name as it appears on drivers' licenses or legal ID card (not as printed on their birth certificate).

Child 1: Full Legal Name _____ **DOB:** _____
First Middle Initial Last

Address: _____ Home Phone: _____
Cell Phone: _____

Please check all that apply: Male Female Adopted Disabled Married Single
 If child is not joint, please specify who the biological parent is _____

Child 2: Full Legal Name _____ **DOB:** _____
First Middle Initial Last

Address: _____ Home Phone: _____
Cell Phone: _____

Please check all that apply: Male Female Adopted Disabled Married Single
 If child is not joint, please specify who the biological parent is _____

Child 3: Full Legal Name _____ **DOB:** _____
First Middle Initial Last

Address: _____ Home Phone: _____
Cell Phone: _____

Please check all that apply: Male Female Adopted Disabled Married Single
 If child is not joint, please specify who the biological parent is _____

Child 4: Full Legal Name _____ **DOB:** _____
First Middle Initial Last

Address: _____ Home Phone: _____
Cell Phone: _____

Please check all that apply: Male Female Adopted Disabled Married Single
 If child is not joint, please specify who the biological parent is _____

OTHER AGENTS/BENEFICIARIES

If you wish to designate other individuals, other than your children, on your estate planning documents, please provide their information below.

Full Legal Name _____ **DOB:** _____
First Middle Initial Last

Address: _____ Home Phone: _____
 _____ Cell Phone: _____

Please check all that apply: Male Female **Relationship:** _____

Full Legal Name _____ **DOB:** _____
First Middle Initial Last

Address: _____ Home Phone: _____
 _____ Cell Phone: _____

Please check all that apply: Male Female **Relationship:** _____

Full Legal Name _____ **DOB:** _____
First Middle Initial Last

Address: _____ Home Phone: _____
 _____ Cell Phone: _____

Please check all that apply: Male Female **Relationship:** _____

Full Legal Name _____ **DOB:** _____
First Middle Initial Last

Address: _____ Home Phone: _____
 _____ Cell Phone: _____

Please check all that apply: Male Female **Relationship:** _____

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving social security, disability, or other governmental benefits? <i>Describe</i> _____		
Have (you or your spouse) completed previous wills, trusts, or estate planning?		
Are you (or your spouse) currently the beneficiary of anyone else's trust?		
** Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

INCOME

List all income sources (Social Security, pension, IRA distributions, annuity distributions, etc.), showing the Gross amount before any withholdings of taxes, insurance premiums, etc.

Income Source	Spouse 1 Amount	Spouse 2 Amount	Frequency of Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROPERTY

	Amount*		
	Spouse 1	Spouse 2	Joint
Primary Residence Address: _____ _____ _____	\$ _____	\$ _____	\$ _____

IS PROPERTY SUBJECT TO MORTGAGE? NO YES-HOW MUCH OWED \$ _____

Other Real Estate Address: _____ _____ _____	State: _____	\$ _____	\$ _____	\$ _____
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IS PROPERTY SUBJECT TO MORTGAGE? NO YES-HOW MUCH OWED \$ _____

Other Real Estate Address: _____ _____ _____	State: _____	\$ _____	\$ _____	\$ _____
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IS PROPERTY SUBJECT TO MORTGAGE? NO YES-HOW MUCH OWED \$ _____

SUMMARY OF VALUES

ASSETS		Amount*		
		Spouse 1	Spouse 2	Joint
Automobiles, Boats and RV's		\$ _____	\$ _____	\$ _____
Checking Accounts	Institution: _____	\$ _____	\$ _____	\$ _____
	Institution: _____	\$ _____	\$ _____	\$ _____
Savings Accounts	Institution: _____	\$ _____	\$ _____	\$ _____
	Institution: _____	\$ _____	\$ _____	\$ _____
Certificates of Deposit	Institution: _____	\$ _____	\$ _____	\$ _____
	Institution: _____	\$ _____	\$ _____	\$ _____
Brokerage Accounts	Institution: _____	\$ _____	\$ _____	\$ _____
	Institution: _____	\$ _____	\$ _____	\$ _____
	Institution: _____	\$ _____	\$ _____	\$ _____
	Institution: _____	\$ _____	\$ _____	\$ _____
Other Stocks and Bonds		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
529 Plans		\$ _____	\$ _____	\$ _____
Life Insurance	Institution: _____	\$ _____	\$ _____	\$ _____
	Institution: _____	\$ _____	\$ _____	\$ _____
Non-Qualified Annuities	Institution: _____	\$ _____	\$ _____	\$ _____
	Institution: _____	\$ _____	\$ _____	\$ _____
	Institution: _____	\$ _____	\$ _____	\$ _____
	Institution: _____	\$ _____	\$ _____	\$ _____

ASSETS

Spouse 1

Spouse 2

Joint

Retirement Plans (IRAs, 401(K)s, 403(B)s
Qualified Annuities)

Institution: _____	\$ _____	\$ _____	\$ _____
Institution: _____	\$ _____	\$ _____	\$ _____
Institution: _____	\$ _____	\$ _____	\$ _____
Institution: _____	\$ _____	\$ _____	\$ _____

Business Interests

\$ _____	\$ _____	\$ _____
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Money owed to you

\$ _____	\$ _____	\$ _____
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Anticipated Inheritance, Etc.

\$ _____	\$ _____	\$ _____
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Time Share

\$ _____	\$ _____	\$ _____
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Other Assets

\$ _____	\$ _____	\$ _____
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Total Assets:

\$ _____	\$ _____	\$ _____
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LIFE INSURANCE/LONG TERM CARE INSURANCE

Do you or your spouse have life insurance? Yes No *If yes please provide policy and current statement

Do you or your spouse have long term care insurance? Yes No *If yes please provide policy and current statement

Signature _____

**I have answered the above questions accurately and to the best of my ability. I understand that any recommendations made will be based on the information given and any additional or varying information may negate any advice that was previously provided to me.*