

## THE BURDETTE LAW FIRM CONFIDENTIAL QUESTIONNAIRE

**Today's date:** \_\_\_\_\_

Last Name:	First Name:	Middle Initial:
Social Security Number:	Your date of birth:	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Last Name (if different):	Spouse's First Name	Spouse's Middle Initial:
Spouse's Social Security Number:	Spouse's date of birth:	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

Home Address: \_\_\_\_\_  

Street
City
County
State
Zip

Home phone:	Cell phone:	Email:
Home fax:	Spouse's cell phone:	Spouse's email:

Your Employer: \_\_\_\_\_

Work phone:	Work fax:	Work email:
-------------	-----------	-------------

Spouse's Employer: \_\_\_\_\_

Work phone:	Work fax:	Work email:
-------------	-----------	-------------

<p>Referred to office by (please check one):</p> <p><input type="checkbox"/> Hyatt/MetLife Legal Plan - Member no. _____</p> <p><input type="checkbox"/> ARAG – Member no. _____</p> <p><input type="checkbox"/> Legal Club of America – Member no. _____</p> <p><input type="checkbox"/> Family member _____</p> <p><input type="checkbox"/> Friend _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Reason why you're here today (check all that apply):</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Business Matters</p> <p><input type="checkbox"/> Divorce Matters</p> <p><input type="checkbox"/> Durable Power of Attorney for Health Care Decisions</p> <p><input type="checkbox"/> General Durable Power of Attorney</p> <p><input type="checkbox"/> Living Will</p> <p><input type="checkbox"/> Post-Decree Custody/Child Support Matters</p> <p><input type="checkbox"/> Real Estate Matters</p> <p><input type="checkbox"/> Tax Matters (Planning, preparation, audit representation, etc.)</p> <p><input type="checkbox"/> Trust (Revocable, Irrevocable, Life Insurance, etc.)</p> <p><input type="checkbox"/> Will</p> <p><input type="checkbox"/> Other _____</p>
--	---

For office use only