



BLOODWORTH LAW FIRM, P.L.L.C.

William Douglas Bloodworth II

Reply to:

303 Longmire Road, Suite 1002
Conroe, Texas, 77304
Telephone (936) 291-3100
Facsimile (936) 291-3022
www.bloodworthlawfirm.com
Email: staff@bloodworthlawfirm.com

New Client Consultation Sheet

Your Information

Date: _____

Your Full Legal Name: _____ Maiden Name: _____
(Last) (First) (Middle)

Social Security Number: ____ - ____ - ____ Driver's License Number: _____ State: _____

DOB: ____ / ____ / ____ Place Of Birth: _____ Race: _____
MM DD YYYY (City) (County) (State)

Residential Address: _____ County: _____
(Address) (City) (State) (Zip)

How long in this county?: _____ Home phone: _____ Cell phone: _____

Safe Email Address: _____

May we send monthly invoice(s) to your email address: ____ Yes ____ No

Your current Automobile: _____
(Year) (Make) (Model) (Color)

Place & Address of Employment: _____
(Address) (City) (State) (Zip)

Occupation: _____ Approximate Annual Income: \$ _____

Work Phone # _____ Fax # _____ Work Contact: _____

Preferred Phone Contact: _____ Home _____ Cell _____ Work

Preferred Mailing Address: _____
(Address) (City) (State) (Zip)

Billing Address (if different): _____
(Address) (City) (State) (Zip)

The Woodlands
(281) 292-0000

Conroe
(936) 291-3100

Huntsville
(936) 291-3100

Livingston
(936) 327-9009

Information about your Will

1. Who are you naming as 1st Executor/Executrix? _____
- What is their relation to you? _____
2. Who are you naming as 2nd Executor/Executrix? _____
- What is their relation to you? _____
3. Who are you naming as alternate Executor/Executrix? _____
- What is their relation to you? _____
4. Will the Executor/Executrix be COMPENSATED? _____
5. Do you want to include a provision regarding funeral arrangements? _____
6. Do you want a no-contest claus in the Will? _____
7. Do you want to appoint Guardians for your minor children (if any) in the Will? If yes, list their name(s), order (1st, 2nd, alternate) and their relation to you. _____

Information about your spouse:

Full Legal Name: _____ Maiden Name: _____
(Last) (First) (Middle)

DOB: ____ / ____ / ____ Place Of Birth: _____
MM DD YYYY (City) (County) (State)

Date of Marriage: ____ / ____ / ____ Place Of Marriage: _____
MM DD YYYY (City) (County) (State)

Child/Children/Heirs Information:

Full Legal Name: Birth Date: Sex: Birth Place: Social Security Number:

Information about your Power of Attorney

1. Who are you giving the Power of Attorney to? _____

2. Who will have copies of the Power of Attorney and what is there address? _____

Information about your Medical Power of Attorney

1. Who are you giving the Power of Attorney to? _____

2. Who will have copies of the Power of Attorney and what is there address? _____

Referral: How did you hear about our office? _____