



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

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**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**

**All Office Locations By Appointment Only**

**Information about your Will**

1. Who are you naming as 1<sup>st</sup> Executor/Executrix? \_\_\_\_\_  
- What is their relation to you? \_\_\_\_\_
2. Who are you naming as 2<sup>nd</sup> 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 clause 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 (1<sup>st</sup>, 2<sup>nd</sup>, 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 their 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 their address? \_\_\_\_\_  
\_\_\_\_\_

**Referral:**              How did you hear about our office? \_\_\_\_\_