



Stage 1 Intake Form

Date Completed: _____

We need an accurate picture of your life so that we may best advise you. Our suggestion is to take 30 minutes and complete as much as possible. We will complete the rest of it together.

Client Number 1:

Full Legal Name: _____

Nickname: _____

How Would You Like Your Name To Appear On Legal Documents? _____

U.S. Citizen: Yes No If No, your nationality: _____

D/O/B: _____ SSN (Last 4 only): _____

Married Date _____ Divorced: Date _____ Widowed: Date _____ Single

Do you have a Pre-Nuptial or Post-Nuptial Agreement? Yes No. If yes, please provide copy.

Home address: _____ City: _____

Zip Code: _____ County of Residence: _____

Home Phone Number: _____ Cell Number: _____

Employer: _____ Position: _____

Business Phone No: _____

Personal Email Address: _____

List all sources of income plus amount of gross annual income: _____

Client Number 2:

Full Legal Name: _____

Nickname: _____

How Would You Like Your Name To Appear On Legal Documents? _____

U.S. Citizen: Yes No If No, your nationality: _____

D/O/B: _____ SSN (Last 4 only): _____

Married Date _____ Divorced: Date _____ Widowed: Date _____ Single



Law Office of Lori Vella

Do you have a Pre-Nuptial or Post-Nuptial Agreement? Yes No. If yes, please provide copy.

Home address: _____ City: _____

Zip Code: _____ County of Residence: _____

Home Phone Number: _____ Cell Number: _____

Employer: _____ Position: _____

Business Phone No: _____

Personal Email Address: _____

List all sources of income plus amount of gross annual income: _____

Inventory and Fair Market Value of Estate Assets:

ASSETS	OWNED BY CLIENT ONE STATE VALUE	OWNED BY CLIENT TWO STATE VALUE	JOINT PROPERTY STATE VALUE	LIABILITIES
RESIDENCE-list how you own this property-tenants by entirety, etc. as per Deed	FMV \$	FMV \$	FMV\$	MORTGAGES ON REAL ESTATE:
OTHER REAL ESTATE				MORTGAGES ON REAL ESTATE:
HOUSEHOLD FURNISHINGS				
STOCKS				NOTES TO BANKS:
MUTUAL FUNDS				
BONDS				OTHER NOTES (SECURED):
BUSINESS INTERESTS-LLC? Sole proprietorship? Partner? List relationship, ownership and if any agreements as to death of a member, etc.				



EMPLOYEE BENEFITS (a) Pension Plan				UNSECURED NOTES:
(b) Profit Sharing				
(c) 401(k)				
(d) Group Insurance				
(e) Deferred Comp.				
IRA's				
CHECKING ACCOUNTS				LOANS ON INSURANCE:
SAVINGS ACCOUNTS				
MONEY MARKET ACCOUNTS				
AMOUNT OF INS. ON INSURED AND OWNED BY INSURED				OTHER LIABILITIES:
AMOUNT OF INS. ON INSURED AND OWNED BY SPOUSE				
MORTGAGES OWNED				
AUTOS & BOATS				
INCLUDABLE LIFETIME TRANSFERS				
FUTURE ANTICIPATED INHERITANCES				
LIST ALL DEBTS, INCLUDING CREDIT CARD OR LOANS				
TOTAL ASSETS	\$	\$	\$	TOTAL LIABILITIES \$

TOTAL ASSETS: \$ _____

TOTAL LIABILITIES: \$ _____

TOTAL ESTATE \$ _____



Full Legal Name of Children & Other Beneficiaries:

Please indicate if any are step-children, children from previous marriage, etc.

D/O/B

_____	_____
_____	_____
_____	_____
_____	_____

If you have questions or concerns before we meet, please attach an additional page with explanation.

It is helpful, but not necessary, if you send this form back prior to our meeting so that I may prepare. Otherwise, we will complete it together.

Once completed, please confirm that the information provided here is accurate to the best of your ability. The Law Office of Lori Vella, PLLC is drafting documents based only upon the information provided here and is not responsible for any inaccuracies or untruths in the information provided, whether intentional or accidental.

Please electronically type your name below as your signature once the document is complete. You may send me an incomplete form with no signature. Once it is complete, we will then sign it. Thank you!

_____ Client 1

_____ Client 1