

**LAW OFFICES OF KATYA SVERDLOV**

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**INITIAL CLIENT QUESTIONNAIRE**

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ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

PERSONAL INFORMATION

**Legal Name** \_\_\_\_\_

Also known as \_\_\_\_\_

Birth date \_\_\_\_\_ US Citizen?  Yes  No  Wartime Veteran?  Holocaust survival?

Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Married: Date of marriage \_\_\_\_\_  Divorced  Widowed  Single  Domestic Partnership

**Spouse / Partner Legal Name** \_\_\_\_\_

Also Known as \_\_\_\_\_

Birth date \_\_\_\_\_ US Citizen?  Yes  No  Wartime Veteran?  Holocaust survival?

Social Security # \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**CHILDREN**

Use full legal name as it appears on driver's license or legal ID card. Add additional sheets if necessary.

**Child 1:** Name \_\_\_\_\_ DOB \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Please check all that apply:  Male  Female  Disabled  Married  Single

If the child is not joint, indicate the biological parent \_\_\_\_\_

**Child 2:** Name \_\_\_\_\_ DOB \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Please check all that apply:  Male  Female  Disabled  Married  Single

If the child is not joint, indicate the biological parent \_\_\_\_\_

**Child 3:** Name \_\_\_\_\_ DOB \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Please check all that apply:  Male  Female  Disabled  Married  Single

If the child is not joint, indicate the biological parent \_\_\_\_\_

Please provide details for children or grandchildren with any special needs or disabilities \_\_\_\_\_  
\_\_\_\_\_

Please provide details for children or grandchildren that have creditor problems, problems managing finances or marital issues that could affect their receiving property outright. \_\_\_\_\_  
\_\_\_\_\_



**ASSETS: SUMMARY OF VALUES**

Add additional sheets if necessary

	Spouse 1	Spouse 2
Primary home	_____	_____
Other Real Estate (include addresses)	_____	_____
_____	_____	_____
_____	_____	_____
Automobiles, Boats, RVs	_____	_____
Bank and Savings Account (include name of bank)	_____	_____
_____	_____	_____
_____	_____	_____
Safe Deposit Boxes (include name of bank)	_____	_____
_____	_____	_____
Stocks and Bonds (include name of brokerage firm)	_____	_____
_____	_____	_____
_____	_____	_____
Life Insurance (name of insurance company, type of insurance)	_____	_____
_____	_____	_____
_____	_____	_____
Annuities (include name of financial institution)	_____	_____
_____	_____	_____
_____	_____	_____
Retirement Plans (include name of provider)	_____	_____
_____	_____	_____
_____	_____	_____
Business Interests (include name, type of company)	_____	_____
_____	_____	_____
_____	_____	_____
Money owed to you (include debtor)	_____	_____
_____	_____	_____
_____	_____	_____
Anticipated inheritance (specify)	_____	_____
_____	_____	_____
_____	_____	_____
Other assets (specify)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total Assets</b>	_____	_____

**LIABILITIES: SUMMARY OF VALUES**

Add additional sheets if necessary

	Spouse 1	Spouse 2
Mortgages		
_____	_____	_____
_____	_____	_____
Other Secured Debt (i.e. auto loan, taxes)		
_____	_____	_____
_____	_____	_____
Other Unsecured Debt (i.e. credit card)		
_____	_____	_____
_____	_____	_____
Potential lawsuits		
_____	_____	_____
_____	_____	_____
<b>Total Liabilities</b>	_____	_____

**SUPPORTING INFORMATION:**

For the initial meeting, for all of the above listed documents, income, assets, and liabilities, please bring as much information as you are able to put together (recent bank statements, deeds, trust documents, estate planning documents, etc).

**PERSONAL GOAL OF YOUR ESTATE PLAN**

Please provide a brief summary of what you wish to accomplish by creating this estate plan.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT PERSON** (the person who will accompany client(s) to meeting, if any)

Name \_\_\_\_\_  
Relationship to Client \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

**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.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ITEMS TO CONSIDER WHEN YOU ARE PREPARING FOR THE MEETING**

1. Who do you want to name as the agent on your power of attorney?

a. **Primary Agent:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

b. **Successor Agent:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Who do you want to name as the agent on your health care proxy?

a. **Primary Agent:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

b. **Successor Agent:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. Who do you want to name as the executor under your will?

a. **Primary Executor:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

b. **Successor Executor:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

4. Who do you want to name as the trustee for your trust?

a. **Primary Trustee:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

b. **Successor Trustee:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

5. Who do you want to name as the guardian for your minor children?

a. **Primary Guardian:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

b. **Successor Guardian:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

6. Who do you want to name as the custodian for the minor child's share distributed under UTMA?

a. **Primary Custodian:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

b. **Successor Custodian:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_