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## LAW OFFICES OF BRADLEY J. FRIGON

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### ATTORNEYS AT LAW

Bradley J. Frigon, JD, LLM  
(Tax), CELA\*\*  
bfrigon@bjflaw.com  
Admitted in Colorado and Kansas

6500 SOUTH QUEBEC STREET, SUITE 330  
ENGLEWOOD, COLORADO 80111  
TELEPHONE (720) 200-4025 FAX (720) 200-4026  
Toll Free (877) 295-8915  
www.bjflaw.com

W. Eric Kuhn, Esq.  
ekuhn@bjflaw.com  
Admitted in Colorado and California

### GENERAL CLIENT INFORMATION SHEET

**PURPOSE OF MEETING:**     Estate Planning     Medicaid     Guardianship     Probate  
                                   Conservatorship     Corporate     Special Needs Trust  
 Other: \_\_\_\_\_

Briefly describe what you would like our firm to accomplish for you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Are you here on behalf of yourself or another person?     Self     Another person  
If another person, Name: \_\_\_\_\_ Your relationship: \_\_\_\_\_

Have you contacted another attorney or are you currently working with another attorney regarding this matter?

Yes                      No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Is this matter currently in litigation?                      Yes                      No

If yes, please list all parties to the lawsuit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Is there a possibility of litigation in the future?                      Yes                      No

Office Use:  
 N  V  CC  C

**Client A**

- Reference matter       Primary Contact

**Your Name(s):**

\_\_\_\_\_  
Your name as you regularly sign (E.g. name on your checks)

\_\_\_\_\_  
Your name(s) as they appear on your assets (E.g. title to house, stocks, bonds, savings accounts)

**Birthdate:** \_\_\_\_\_

**S.S.#** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(if different than above)

**Email:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

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

Business: \_\_\_\_\_

Cell: \_\_\_\_\_

**Preferred Way to Contact:** \_\_\_\_\_

**Client A**

\_\_\_ Single (never married)

\_\_\_ Married; Date of Marriage: \_\_\_\_\_

\_\_\_ Divorced; Date of Divorce: \_\_\_\_\_  
If divorced, full name of prior spouse: \_\_\_\_\_

\_\_\_ Widowed; Date of Death: \_\_\_\_\_  
If widowed, full name of deceased spouse: \_\_\_\_\_

Office use:  
 N  V  CC  C

**Client B**

- Primary Contact       Secondary Contact

**Your Name(s):**

\_\_\_\_\_  
Your name as you regularly sign (E.g. name on your checks)

\_\_\_\_\_  
Your name(s) as they appear on your assets (E.g. title to house, stocks, bonds, savings accounts)

**Birthdate:** \_\_\_\_\_

**S.S.#** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(if different than above)

**Email:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

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

Business: \_\_\_\_\_

Cell: \_\_\_\_\_

**Preferred Way to Contact:** \_\_\_\_\_

**Client B**

\_\_\_ Single (never married)

\_\_\_ Married; Date of Marriage: \_\_\_\_\_

\_\_\_ Divorced; Date of Divorce: \_\_\_\_\_  
If divorced, full name of prior spouse: \_\_\_\_\_

\_\_\_ Widowed; Date of Death: \_\_\_\_\_  
If widowed, full name of deceased spouse: \_\_\_\_\_

**CHILDREN**

Name	Date of Birth

From what sources did you hear about our Law Office? \_\_\_\_\_  
Referred by: \_\_\_\_\_

I hereby represent to The Law Offices of Bradley J. Frigon that the information contained in this intake form is accurate and complete, and I understand the law firm will rely on this information. I understand if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Dated: \_\_\_\_\_, 2009

\_\_\_\_\_  
Name of person who prepared this form

\_\_\_\_\_  
Signature