
LAW OFFICES OF BRADLEY J. FRIGON, LLC

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

Bryan C. Benbow, JD, LLM
bbenbow@bjflaw.com
Admitted in Colorado

GENERAL CLIENT INFORMATION SHEET

PURPOSE OF MEETING: Estate Planning (Will, Trust, Medical/Financial Power of Attorney)
 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: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

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: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

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: _____, 2011

Name of person who prepared this form

Signature