



**DOWLEY LAW, P.C.**

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Medford, MA 02155

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[www.dowley.legal](http://www.dowley.legal)

**CLIENT INFORMATION**

This form is helpful as we assist you in meeting your objectives. Please fill out as much as possible using estimated figures where information is not easily attainable, and leaving items blanks for those questions which are inapplicable. If you are completing this on behalf of other(s), please put yourself as the primary contact and put their information under client(s). Please include full and current legal names along with any nicknames/preferred name/preferred pronouns. Please feel free to write in the margins or to add other information that you think might be helpful. Please Print clearly.

How did you hear about Dowley Law? \_\_\_\_\_

Client A: \_\_\_\_\_ Client B: \_\_\_\_\_

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

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

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

Relationship of Clients: \_\_\_\_\_

**Primary Contact (if you are completing this on behalf of the client(s)):**

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

Relationship to client(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Children\* (if any) and otherwise closest familial relatives:**

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

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

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

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

Age: \_\_\_\_\_

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

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

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

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

Age: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Age: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Age: \_\_\_\_\_

\*Please write additional information on the back and please indicate if any children are from other relationships

If you have existing documents that we are reviewing, please provide copies of those documents. If we are creating a new plan or updating your plan, please indicate who would you like to appoint for the following.

Health Care Proxy:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Power of Attorney/Personal Representative/Trustee(s):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Guardian (if minor or disabled children/dependents):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Beneficiaries (just names if other info. has been provided elsewhere):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Approximate Net Value of All Assets: \$ \_\_\_\_\_

Please provide rough figures and types of account for retirement accounts:

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_

For real estate, please provide addresses, estimated value, and estimated outstanding mortgage:

- |          |          |          |
|----------|----------|----------|
| 1. _____ | \$ _____ | \$ _____ |
| 2. _____ | \$ _____ | \$ _____ |
| 3. _____ | \$ _____ | \$ _____ |

Please provide value of life insurance for each client and indicate if it is term or whole life:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_

Accountant

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Investment Manager

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you expect to inherit significant wealth?

Yes\_\_\_\_ No\_\_\_\_

Are you a US Citizen?

Yes\_\_\_\_ No\_\_\_\_

Do you own a business?

Yes\_\_\_\_ No\_\_\_\_

Is anyone named above disabled or requires special consideration?

Yes\_\_\_\_ No\_\_\_\_

If we are going to be discussing elder law or veteran's benefits, please indicate your gross and net income: \_\_\_\_\_, as well as your veteran's status: \_\_\_\_\_.

Please indicate anything else you would like to ensure we discuss during our meeting:

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