NOTE: Please PRINT legibly and make sure ALL information is correct. Thank you.

The Law Office of Brown & Brown, P.C. - General Questionnaire

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ATTY

(Providing this information ahead of time is not mandatory, but will save significant time at the initial consultation.)

*Who referred you to The Law Office of Brown & Brown, P.C.? If not referred by someone in particular, how did you find out about services?*____
____

PART I - GENERAL INFORMATION

Client's full Name:____

Preferred legal name for documents:____

Current Address:____

City________________________County__________________State_______Zip___________

Phone number:___________________________Work number:___________________________

E-mail address (if applicable):____

Cell number (if applicable)_________________Fax number (if applicable)_________________

U.S. Citizen? ______YES ______NO Social Security number __________________________

Date of birth _________________________

Health Status (describe health condition, including any confirmed diagnosis of mental and/or physical illnesses) ____

Physician's Name and address ____

Name of Care Facility (if applicable)____

Date of Admission to Care Facility (if applicable)______________________________________

(If applicable, information on spouse)

Spouse's full name:____

Preferred legal name for documents:____

Current Address:____

City________________________County__________________State_______Zip___________

Phone number:___________________________ Work number:__________________________

E-mail address (if applicable):_______________________________________

Cell number (if applicable)__________________ Fax number (if applicable)________________

U.S. Citizen? ______YES ______NO Social Security number ______________________

Date of birth _________________________

(Spouse's Information Continues on Next Page)

(Spouse's Information Continued)

Health Status (describe health condition, including any confirmed diagnosis of mental and/or physical illnesses) ____

Physician's Name and address ____

Name of Care Facility (if applicable)_________________________________

Date of Admission to Care Facility (if applicable)______________________

Children:
NOTE: If a child is deceased, please indicate so after the child's name.

1. Full name ____
   Preferred legal name for documents:__________________________
   Address____
   City__________________County_________________State___________Zip___________
   Date of birth ____________________
   Phone No. __________________ E-mail Address (if applicable):__________________
   Social Security number _________________ Date of Death (if applicable)_____________

2. Full name ____
   Preferred legal name for documents:__________________________
   Address____
   City__________________County_________________State___________Zip___________
   Date of birth ____________________
   Phone No. __________________ E-mail Address (if applicable):__________________
   Social Security number _________________ Date of Death (if applicable)_____________

3. Full name ____
   Preferred legal name for documents:__________________________
   Address____
   City__________________County_________________State___________Zip___________
   Date of birth ____________________
   Phone No. __________________ E-mail Address (if applicable):__________________
   Social Security number _________________ Date of Death (if applicable)_____________

4. Full name ____
   Preferred legal name for documents:__________________________
   Address____
   City__________________County_________________State___________Zip___________
   Date of birth ____________________
   Phone No. __________________ E-mail Address (if applicable):__________________
   Social Security number _________________ Date of Death (if applicable)_____________

PART I - INFORMATION REGARDING DETAILS OF REPRESENTATION:

What type of representation?

- ☐ Estate Planning
- ☐ Probate
- ☐ Business Planning
- ☐ Tax
- ☐ Long Term Care Planning
- ☐ Social Security Issues
- ☐ Real Estate
- ☐ Medicaid
- ☐ Conservator Guardianship
- ☐ Contested Will
- ☐ Trust Administration Issues
- ☐ General Civil Litigation

Please list details of the matter you would like to discuss during initial consultation.

The Law Office of
Brown & Brown, P.C.
1250 E. Sherwood Drive, Grand Junction, Colorado 81501

Baird B. Brown ❖*
Clara Brown Shaffer
____
Jamie J. Roth

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Privacy Notice

Attorneys, like other professionals who advise on personal financial matters, are now required by a new federal law, the Gramm-Leach-Bailey Act, to inform our clients of our policies regarding privacy of client information. By providing estate and tax planning services, financial and economic advisory services, and by preparing tax returns, we receive significant personal financial information from our clients. Attorneys have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by this new law. Therefore, we have, and will in the future, always protect your right to privacy.

Information We Collect

Brown & Brown, P.C. collects nonpublic personal information about you from these sources:

- Information we receive from you, including information on forms that we ask you to complete; and
- Information provided to us by your other advisors, such as accountants, life insurance agents, and investment advisors.

Restricted Disclosure

Brown & Brown, P.C. reveals nonpublic personal information about you only if:

- You request or authorize the disclosure.
- The disclosure is made to help complete a transaction that you initiated.
- The disclosure is permitted or required by law.

Our Internal Policies and Security Procedures to Maintain Your Privacy

We restrict access to nonpublic personal information about you to those employees who need to know the information in order for us to provide legal services to you. We educate our employees about the importance of maintaining client confidentiality and require them to follow our firm policies and the Colorado Rules of Professional Conduct. We maintain physical and procedural safeguards to protect the privacy of information about you.

If you have any questions regarding our policy regarding the professional standards of confidentiality and/or the privacy of information you provide to us, please do not hesitate to contact us.

❖Fellow, American College of Trust & Estate Counsel
*Certified as an Elder Law Attorney by the National Elder Law Foundation