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MARTIN M. SHENKMAN
ADMITTED NY, NJ, & DC

Confidential Client Estate Intake Form

Contact Information:

Your Name

Your Spouse/Partner's Name

Home Address

Second Home Address

Business Name and Address

Mail should be sent to: ☐ Home ☐ Second Home ☐ Business

() _____
Your Home Phone Number

() _____
Home Phone Number if different (or 2nd home)

Your Email Address

Spouse/Partner Email Address

() _____
Your Business Phone Number

() _____
Spouse/Partner Business Phone Number

() _____
Your Cellular Phone Number

() _____
Spouse/Partner Cellular Phone Number

Who referred you? _____

Joint Representation on Estate Matters: If I am only representing you and not your spouse/partner, check the following box: ☐. If I am representing both of you, please be advised that I am not permitted to withhold information that either of you provides to me from the other spouse/partner. Further, there are inherent conflicts in representing spouses/partners together which you acknowledge and waive by signing this document. While there are generally significant advantages to representing a family as a unit, such relationships involve inherent conflicts of interest. The interests of heirs can be at odds with the interests of benefactors, in light of the risk of divorce the interests of spouses are not always aligned, etc. Separate counsel is always advisable. By signing this Form you acknowledge and waive any such conflicts.

Background Information: Please answer the following questions by checking Yes or No. All responses will be held in strict confidence. This information is important to assist me in understanding your planning needs and assessing our involvement. The formation of irrevocable trusts, LLCs or other entities, and the transfer of assets to them, must comply with legal and ethical requirements. Therefore accurate answers to the following are necessary.

1. Have you ever consulted with an estate planner? ☐ Yes ☐ No.
2. Have you ever filed for bankruptcy or been insolvent? ☐ Yes ☐ No.
3. Have you ever been, or are you presently, the subject of a lawsuit? ☐ Yes ☐ No.
4. Are there currently any outstanding claims against you? ☐ Yes ☐ No.
5. Have you ever been convicted of a crime? ☐ Yes ☐ No.
6. Are there any current conditions, medical or otherwise, that may impair your ability to sign legal documents? ☐ Yes ☐ No.
7. If married, are you contemplating divorce? ☐ Yes ☐ No.
8. Have you filed personal income tax returns for each of the past 5 years? ☐ Yes ☐ No.
9. Have you ever had an IRS audit resulting in adjustments or currently under audit? ☐ Yes ☐ No.

Professional Relationships: Please provide me with the names and contact information for your other advisers. It is essential that all of your advisers be involved in the planning process. Please initial or "X" the box to the right to authorize me to communicate with that adviser (understanding that it may waive attorney client privilege, if they are not deemed indispensable agents). I cannot effectively represent you without open communication:

1. _____ Telephone: ☐ ☐
Accountant's name
2. _____ Telephone: ☐ ☐
General Attorney's name
3. _____ Telephone: ☐ ☐
Financial Planner's name
4. _____ Telephone: ☐ ☐
Life Insurance Consultant's name

Payment Data: I bill hourly, plus drafting fees per schedule, for all work including initial meetings and consultations at rates set forth in our Billing Arrangement forms, which you acknowledge receiving and reading (both sides). Payment is expected at your initial consultation and before the release of any documents. Drafting fees are in addition to hourly rates. I request an advanced payment towards work to be undertaken, which is not an estimate of the fees involved. Estimates are not maximums or guarantees of the fees to be incurred. I may cease work if any unpaid bill is over 30 days past due. I cannot bill an entity for personal work.

I/We will be paying via:

Check on ☐ Personal account ☐ Other account: _____

Credit Card: ☐ Visa ☐ MasterCard ☐ American Express

Please sign your names below. I/We have read the above form, understood it and responded to all questions completely and accurately:

_____ Your Signature	Date:	_____ Spouse/Partner's Signature	Date:
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