

GOLDSMITH & GUYMON

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NEW CLIENT INFORMATION FORM (GUARDIANSHIPS)

The following information will assist the attorney in the initial interview and will save time (and, therefore, fees). Please print legibly. (Feel free to attach your business card in lieu of name, address, etc.) If you do not have sufficient room to complete an answer, please write on the back of the page (and so indicate). Answer to the best of your ability. You can discuss any problems or questions when you meet with the attorney.

There is generally a fee for the initial consultation, and you may leave a check with the receptionist or the attorney's secretary. If further services are agreed upon, you will be asked to sign a fee agreement and to pay a retainer.

The purpose of this initial consultation is to give you the opportunity to describe your legal problem. The attorney will then set forth your options under the law and estimate the time and expense involved. Seldom is there an easy answer to a complex legal problem, but we will do our best to answer your questions and address your concerns.

GENERAL INFORMATION:

YOUR NAME: _____ DATE: _____

ADDRESS: _____

PHONE (S) HOME: _____ BUSINESS: _____

CELLULAR: _____ FAX: _____

SOCIAL SECURITY NO. _____ OCCUPATION: _____

E MAIL ADDRESS: _____

LIST THE NAME(S) OF ANYONE ACCOMPANYING YOU TODAY:

WHO REFERRED YOU TO OUR FIRM? _____

TO WHICH ATTORNEY WERE YOU REFERRED? _____

GUARDIANSHIP INFORMATION:

NAME OF PROPOSED WARD/WARD: _____

IS WARD A NEVADA RESIDENT?: YES / NO

WHERE DOES WARD CURRENTLY RESIDE: _____

HOW LONG HAS WARD RESIDED THERE? _____

HAS A GUARDIANSHIP BEEN ESTABLISHED: YES / NO

_____ If Yes, when and where were Letters of Guardianship issued:
_____ To Whom were the Letters issued?

HAS THE WARD BEEN DETERMINED TO BE INCOMPETENT? YES / NO

If Yes, by whom: _____

DID WARD EXECUTE A POWER OF ATTORNEY? Yes / No

DID WARD EXECUTE A WILL? Yes / No

LIST THE NAMES AND ADDRESSES OF THE WARD'S SPOUSE, PARENTS, CHILDREN, GRANDPARENTS, GRANDCHILDREN, BROTHERS AND SISTERS (if deceased, so state):

Names	Addresses
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

