SMITH & WILLIAMS

ESTATE PLANNING CLIENT INTAKE FORM

Thank you for choosing Smith & Williams. This form helps us understand your family, your property, and your goals so we can recommend a plan that fits your life. Answer what you can. If you are unsure about a question, leave it blank or write a note, and we will go over it together at your consultation.

How to complete this form

- Type directly into this form, or print it and write by hand. Some PDF viewers do not keep typed entries. After saving, close and reopen the file to make sure your answers were saved.
- If you are planning together with a spouse or partner, complete **one form together**. Throughout the form, **Client 1 (C1)** is you and **Client 2 (C2)** is your spouse or partner.
- Approximate values are fine. For bank, investment, retirement, insurance, and loan accounts, list **only the last 5 digits** of the account number. Social Security numbers are requested only where marked. **Do not** include full account numbers, passwords, or safe combinations.
- Return the completed form, and copies of any existing wills, trusts, powers of attorney, deeds, and prenuptial agreements, by email to your attorney, through your MyCase client portal, or in person at our office.

Which sections apply to you?

IF THIS DESCRIBES YOU	COMPLETE
Everyone	**Sections 1, 2, and 7 through 16**
Married, engaged, or in a committed relationship (whether or not you are married)	**Also complete Section 3**
You or your spouse or partner have children of any age, including adopted children, stepchildren, and children who have passed away	**Also complete Section 4**
You have a child whose other parent is not your current spouse or partner (single parents and blended families)	**Also complete Section 5**
You have children under age 18	**Also complete Section 6**

> **Your privacy:** Your answers are confidential. Florida law protects information you share with us as a prospective client, even if you decide not to hire us.

FOR OFFICE USE ONLY

DATE RECEIVED	ATTORNEY	MATTER NUMBER	CONSULT DATE

SECTION 1 ABOUT YOU (CLIENT 1)

Tell us about the person creating this plan. If you are a couple, Client 2 completes Section 3.

FULL LEGAL NAME

OTHER NAMES USED (MAIDEN, FORMER, NICKNAME)

DATE OF BIRTH

SOCIAL SECURITY NUMBER (XXX-XX-XXXX)

PRONOUNS (HE, SHE, THEY)

PREFERRED LANGUAGE

CITIZENSHIP, IF NOT U.S.

Are you a U.S. citizen? ◯ Yes ◯ No

HOME STREET ADDRESS

CITY

COUNTY

STATE

ZIP

MOBILE PHONE

OTHER PHONE

EMAIL

Best way to reach you (check all that apply) ☐ Call ☐ Text ☐ Email

OCCUPATION

EMPLOYER

Are you retired? ◯ Yes ◯ No

Do you live in Florida full time? ◯ Yes ◯ No

YEAR YOU BECAME A FLORIDA RESIDENT

OTHER HOME IN ANOTHER STATE OR COUNTRY (WHERE?)

Do you receive the Florida homestead exemption on your home? ◯ Yes ◯ No ◯ Not sure

Have you served in the U.S. military? ◯ Yes ◯ No

BRANCH AND YEARS OF SERVICE

TYPE OF DISCHARGE

Who is completing this form? ◯ I am completing it myself ◯ Someone is helping me

If someone is helping you, please give their name and relationship to you.

Good to know: Family members are welcome to help. For your protection, your attorney will still meet with you privately for part of your consultation to confirm the plan reflects your own wishes.

Will you need an interpreter or other accommodations for meetings or signing? (for example, a home or hospital visit, or large-print documents) ◯ Yes ◯ No

If yes, please describe (include the language if you need an interpreter).

HOW DID YOU HEAR ABOUT US? (REFERRAL SOURCE)

SECTION 2 RELATIONSHIP STATUS & HISTORY

Your current relationship status (choose one)

- ◯ Single, never married
- ◯ Engaged
- ◯ Separated or divorce pending
- ◯ Widowed
- ◯ Married
- ◯ In a committed relationship, not married
- ◯ Divorced

DATE OF MARRIAGE, ENGAGEMENT, OR WHEN RELATIONSHIP BEGAN

DATE OF DIVORCE OR SPOUSE'S DEATH (IF ANY)

Have you ever been married before, or been in a registered domestic partnership or civil union in any state or country? ◯ Yes ◯ No

If yes, list each former spouse or partner, the dates, and how it ended (divorce, death, dissolution).

Good to know: A prior marriage, domestic partnership, or civil union that was never formally ended can affect your current marriage and your plan. Please tell us about it even if it was many years ago.

Do you have a prenuptial, postnuptial, or cohabitation agreement? ◯ Yes ◯ No

If yes, when was it signed? Please bring a copy.

Does a divorce judgment or settlement require you to keep life insurance, pay alimony or child support, or leave anything to a former spouse or child? ◯ Yes ◯ No

If yes, please describe.

Is a divorce, separation, paternity, or custody case pending or expected? ◯ Yes ◯ No

If yes, please describe and include the county and case number if you have it.

SECTION 3 SPOUSE OR PARTNER (CLIENT 2)

Complete this section if you are married, engaged, or in a committed relationship, whether or not you are married.

Client 2 is my: ◯ Spouse ◯ Fiancé(e) ◯ Partner (not married)

FULL LEGAL NAME

OTHER NAMES USED (MAIDEN, FORMER, NICKNAME)

DATE OF BIRTH

SOCIAL SECURITY NUMBER (XXX-XX-XXXX)

PRONOUNS (HE, SHE, THEY)

PREFERRED LANGUAGE

CITIZENSHIP, IF NOT U.S.

Is Client 2 a U.S. citizen? ◯ Yes ◯ No

MOBILE PHONE | EMAIL | OCCUPATION

EMPLOYER | ADDRESS (IF DIFFERENT FROM CLIENT 1)

Do you live together? ◯ Yes ◯ No

Has Client 2 served in the U.S. military? ◯ Yes ◯ No

Are you both creating estate plans?

◯ Yes, we are planning together ◯ No, only Client 1 is planning now

Good to know: When a couple plans together, we usually represent both of you jointly. That means information either of you shares about the plan can be shared with the other. We will explain how this works at your consultation.

For unmarried couples

Why this matters: Florida does not recognize common-law marriage. Without written documents, an unmarried partner generally has no right to inherit from you, make medical decisions for you, see your medical information, manage your finances if you become incapacitated, or direct your funeral. Your plan can give your partner each of these roles.

Which roles would you like your partner to have? (check all that apply)

- ☐ Inherit from me
- ☐ Serve as trustee
- ☐ Receive my medical information
- ☐ Direct my funeral and final arrangements
- ☐ Serve as my personal representative
- ☐ Make my health care decisions
- ☐ Handle my finances (power of attorney)
- ☐ Raise my children if I cannot

Do you own a home, vehicle, accounts, or a business together? ◯ Yes ◯ No

If yes, describe the property and how it is titled (both names, one name, etc.).

Does one of you financially support the other, or pay toward a home owned by the other? ◯ Yes ◯ No

If yes, please describe.

SECTION 4 CHILDREN & GRANDCHILDREN

List all children of Client 1 and Client 2: biological, adopted, stepchildren, children born through assisted reproduction or surrogacy, children who have passed away, and any child you do not wish to include in your plan. Use Section 16 if you need more rows.

Full legal name	Date of birth	Child of (C1, C2, or Both)	How related (biological, adopted, step, other)	City & state	Spouse or partner's name	No. of children

Parentage

If you are a couple, is every child you are raising together legally recognized as the child of both of you (on the birth certificate, through adoption, or by court order)?

◯ Yes ◯ No ◯ Not sure ◯ Does not apply

Were any of your children born through assisted reproduction, egg or sperm donation, or surrogacy? ◯ Yes ◯ No

Do you have stepchildren or children you raised but did not adopt? If so, should they inherit the same as your other children?

◯ Yes, treat the same ◯ No ◯ Let's discuss ◯ Does not apply

> **Good to know:** A child who is not legally yours, such as a stepchild or a child of a partner you never adopted, generally does not inherit from you unless your documents name them. This matters for blended families, same-sex couples, and families formed through assisted reproduction or surrogacy. We can discuss whether a second-parent adoption or court order is right for your family.

Are you expecting a child or planning to adopt? ◯ Yes ◯ No

Have any of your children passed away? ◯ Yes ◯ No

If yes, list their name, date of death, and the names of any children they left.

Special circumstances

Does any child or other beneficiary have a disability or chronic illness, or receive (or may one day need) SSI, Medicaid, or other needs-based benefits? ◯ Yes ◯ No

Are you concerned about any beneficiary's ability to manage money, or about creditors, a divorce, gambling, or substance use? ◯ Yes ◯ No

Have you given any child a loan or an advance on their inheritance that should be counted? ◯ Yes ◯ No

Do you want to leave any child out of your plan, or leave a child less than the others? ◯ Yes ◯ No

Are you estranged from any child? ◯ Yes ◯ No

PLEASE EXPLAIN ANY "YES" ANSWERS ABOVE

Grandchildren

NAMES AND AGES OF GRANDCHILDREN (OR NUMBER OF GRANDCHILDREN)

Would you like to leave anything directly to grandchildren? ◯ Yes ◯ No ◯ Let's discuss

SECTION 5 CHILDREN WITH ANOTHER PARENT

Complete this section if you have a child whose other legal parent is not your current spouse or partner. This includes single parents and blended families.

Child's name	Other parent's full name	Other parent living? (Y/N)	Involved in child's life? (Y/N)	Court order for custody, time-sharing, or support? (Y/N)

Good to know: If you pass away, a surviving legal parent generally keeps custody of a minor child in Florida, even if you name someone else as guardian. You can still choose who manages the money and property you leave to your child, by naming a trustee in your plan.

Who should manage money and property you leave to a minor child?

◯ The other parent ◯ A trustee I choose ◯ Let's discuss

Do you pay or receive child support? ◯ Yes ◯ No

If yes, who pays, and how much per month?

IS THERE ANYTHING ABOUT THE OTHER PARENT WE SHOULD KNOW? (FOR EXAMPLE, SAFETY CONCERNS, LACK OF INVOLVEMENT, OR COURT RESTRICTIONS)

SECTION 6 GUARDIANS FOR MINOR CHILDREN

Complete this section if you have children under 18. A guardian raises your children if no parent is able to.

Good to know: In Florida, a child is a minor until age 18. You may name an individual or a couple.

	Full name(s)	Relationship to you	City & state	Phone
1st choice				
2nd choice				
3rd choice				

If you name a couple and they separate, or one of them passes away, the children should:

◯ Stay with the remaining person ◯ Go to my next choice ◯ Let's discuss

Should the guardian also manage your children's money?

◯ Yes, same person ◯ No, a different person (see trustee in Section 7) ◯ Let's discuss

Should your children be kept together if possible? ◯ Yes ◯ No

ANYONE WHO SHOULD NOT SERVE AS GUARDIAN, AND WHY

VALUES, FAITH, EDUCATION, OR OTHER WISHES YOU WANT YOUR CHILDREN'S GUARDIAN TO KNOW

SECTION 7 YOUR DECISION-MAKERS

These are the people who will act for you. You may name the same person for more than one role, and each person must be at least 18. Couples usually name each other first; use the "For" column to show whether a choice is for Client 1, Client 2, or both.

A. Personal representative (executor)

Settles your estate after your death: gathers your property, pays final bills and taxes, and distributes what is left as your will directs.

	Full name	Relationship to you	City & state	Phone	For (C1, C2, or Both)
1st choice					
2nd choice					
3rd choice					
Other					

Good to know: Florida limits who may serve as personal representative if they live outside Florida. Close relatives who live out of state usually qualify. Out-of-state friends and unmarried partners usually do not. Please tell us where each person lives.

Should two people serve together?

◯ No, one at a time (recommended) ◯ Yes, together ◯ Let's discuss

B. Trustee

Manages property held in a trust, such as an inheritance for a child, until it is distributed. A trustee can be a person, a bank, or a trust company.

☐ Same as my personal representative choices

	Full name	Relationship to you	City & state	Phone	For (C1, C2, or Both)
1st choice					
2nd choice					
3rd choice					
Other					

C. Financial agent (durable power of attorney)

Handles your finances and property if you cannot, such as paying bills, managing accounts, and dealing with real estate, insurance, and government benefits.

☐ Same as my personal representative choices

	Full name	Relationship to you	City & state	Phone	For (C1, C2, or Both)
1st choice					
2nd choice					
3rd choice					
Other					

D. Health care surrogate

Makes medical decisions for you if you cannot, and can talk with your doctors and see your medical records.

	Full name	Relationship to you	City & state	Phone	For (C1, C2, or Both)
1st choice					
2nd choice					
3rd choice					
Other					

E. Preneed guardian for yourself

If a court ever needs to appoint a guardian for you, Florida courts will consider the person you name here.

☐ Same as my health care surrogate choices

	Full name	Relationship to you	City & state	Phone	For (C1, C2, or Both)
1st choice					
2nd choice					

SECTION 8 FAMILY, ADVISORS & IMPORTANT CONTACTS

Parents

Full name	Parent of (C1 or C2)	Living? (Y/N)	City & state

Brothers and sisters

Full name	Sibling of (C1 or C2)	Living? (Y/N)	City & state

Do you financially support anyone other than your children, such as a parent or sibling? ◯ Yes ◯ No

If yes, who, and how?

Is there anyone who may challenge your plan or object to your choices? (for example, a family conflict, or a relative who disapproves of your relationship or of someone you plan to include) ◯ Yes ◯ No

If yes, please describe. This helps us build a plan that holds up.

Your advisors

	Name	Firm	Phone	Email
Accountant or CPA				
Financial advisor				
Insurance agent				
Other attorney				
Banker or trust officer				
Other				

May we contact your advisors to coordinate your plan? ◯ Yes ◯ No ◯ Ask me first

SECTION 9 WHAT YOU OWN

Approximate values are fine. For account numbers, list only the last 5 digits.

Good to know: How an asset is titled, and who is named as beneficiary on it, often controls who receives it, regardless of what your will says. That is why we ask about ownership and beneficiaries.

A. Real estate

Property address	Type (home, rental, vacation, land, timeshare, commercial)	Titled in the name of	Est. value	Mortgage balance

Is your primary residence in Florida? ◯ Yes ◯ No

Homestead: Florida has special rules for your homestead. If you are married or have a minor child, Florida law may limit who you can leave your home to. We will review this with you.

Do you own real estate outside Florida? ◯ Yes ◯ No

If yes, where? (Property in another state may need a separate probate there unless titled to avoid it.)

Have you signed a Lady Bird deed or life estate deed, or placed property in a trust or LLC? ◯ Yes ◯ No

If yes, which property, and when?

B. Bank and investment accounts

Bank or institution	Type (checking, savings, CD, brokerage)	Account no. (last 5 digits)	Owner (C1, C2, Joint, other)	Approx. value	Payable-on-death or transfer-on-death beneficiary

C. Retirement accounts, life insurance, and annuities

Company	Type (401(k), IRA, pension, life, annuity)	Account or policy no. (last 5 digits)	Owner	Insured (life ins.)	Value or death benefit	Primary beneficiary	Backup beneficiary

D. Business interests

Business name	Type (LLC, corp., partnership, sole prop.)	State	% you own	Est. value	Operating, shareholder, or buy-sell agreement? (Y/N)

Do you have a plan for who will run or buy your business if you die or become disabled? ◯ Yes ◯ No

If yes, please describe.

E. Other assets

	Description	Approx. value
Vehicles, boats, and RVs		
Jewelry, art, and collectibles		
Firearms		
Cryptocurrency and digital assets		
Money owed to you (loans, notes)		
Interest in a trust or estate		
Expected inheritance		
Royalties or intellectual property		
Other		

Firearms: please tell us if any are regulated under the National Firearms Act (for example, suppressors or short-barreled rifles). These need special planning.

F. Summary

	Client 1	Client 2	Joint
Real estate (value less mortgages)			
Cash and bank accounts			
Investments			
Retirement accounts			
Life insurance (death benefit)			
Business interests			
Other assets			
Total (estimate)			

Approximate combined net worth of you and your spouse or partner:

◯ Under $500,000 ◯ $500,000 to $1 million ◯ $1 million to $5 million
◯ $5 million to $15 million ◯ Over $15 million

Do you have a safe deposit box? ◯ Yes ◯ No

If yes, which bank, and who else has access? (Please do not list keys, codes, or combinations.)

WHERE DO YOU KEEP YOUR IMPORTANT PAPERS?

SECTION 10 DEBTS & OBLIGATIONS

	Lender	Account no. (last 5 digits)	Owed by (C1, C2, Joint)	Approx. balance
Home mortgage(s)				
Home equity line				
Vehicle loans				
Student loans				
Credit cards				
Business debt				
Personal loans or debts to family				
Other				

Have you co-signed or guaranteed a loan for someone else? ◯ Yes ◯ No

Are you involved in a lawsuit, or do you expect any claims against you? ◯ Yes ◯ No

Do you owe back taxes, or have any tax liens or judgments against you? ◯ Yes ◯ No

PLEASE EXPLAIN ANY "YES" ANSWERS ABOVE

SECTION 11 WHO RECEIVES YOUR PROPERTY

Your spouse or partner

If you die first, your spouse or partner should receive:

◯ Everything ◯ Part of my estate (describe below) ◯ Nothing
◯ Let's discuss ◯ Does not apply

If part, please describe.

Good to know: If you are married, Florida generally lets a surviving spouse claim 30% of your estate (the "elective share"), even if your will leaves them less, unless they waived that right in a valid written agreement.

Do you want to make sure your children from a prior relationship receive part of your estate after both you and your spouse or partner have passed? ◯ Yes ◯ No

Specific gifts

List particular items, real estate, or dollar amounts you want to go to specific people or organizations, including your church or a charity.

Recipient (person, church, or charity)	Relationship	Gift (item, property, or dollar amount)

Would you like to leave a separate written list of personal belongings (jewelry, furniture, keepsakes) that you can update without changing your will?

◯ Yes ◯ No ◯ Let's discuss

Everything else (your residuary estate)

AFTER SPECIFIC GIFTS, HOW SHOULD THE REST BE DIVIDED? (FOR EXAMPLE, EQUALLY AMONG MY CHILDREN, OR PERCENTAGES TO NAMED PEOPLE OR CHARITIES)

If a beneficiary dies before you, their share should go to:

◯ Their children (your grandchildren) ◯ The other beneficiaries ◯ Let's discuss

Inheritances for young or vulnerable beneficiaries

At what age should a beneficiary receive an inheritance outright? Until then, a trustee manages it for them.

◯ Age 18 ◯ Age 21 ◯ Age 25 ◯ Age 30
◯ In stages (such as 25, 30, 35) ◯ Keep in a lifetime trust ◯ Let's discuss

If no one is left

IF NONE OF THE FAMILY MEMBERS NAMED ABOVE SURVIVE YOU, WHO SHOULD RECEIVE YOUR ESTATE? (FOR EXAMPLE, A CHARITY, YOUR CHURCH, OR OTHER RELATIVES)

Pets and digital assets

Do you have pets you want cared for after your death? ◯ Yes ◯ No

PET CAREGIVER'S NAME | AMOUNT TO LEAVE FOR PET CARE | PET NAMES AND TYPE

Do you want someone to access and manage your email, social media, photos, and other online accounts if you die or become incapacitated? ◯ Yes ◯ No

PERSON TO MANAGE YOUR ONLINE ACCOUNTS | RELATIONSHIP

SECTION 12 HEALTH CARE WISHES

Florida health care planning uses two documents: a Designation of Health Care Surrogate (Section 7D) and a Living Will. These questions guide both.

> **How these are signed:** Each Florida health care document is signed before two adult witnesses, and at least one witness cannot be your spouse or a blood relative. Your surrogate cannot serve as a witness. A notary is not required.

When should your health care surrogate be able to act?

- ◯ Only if I cannot make my own decisions
- ◯ Right away, alongside me, even while I can still decide (helpful for appointments and paperwork)

OTHERS WHO MAY RECEIVE YOUR MEDICAL INFORMATION (HIPAA RELEASE)

Living will. If my doctor and a second doctor agree there is no reasonable medical probability of my recovery, and I have one of the conditions below, my wish is:

	Withhold or withdraw life-prolonging procedures	Continue all treatment	Let my surrogate decide
Terminal condition: an incurable condition expected to cause death	◯	◯	◯
End-stage condition: an advanced, irreversible condition causing severe, permanent decline	◯	◯	◯
Persistent vegetative state: permanent unconsciousness with no awareness	◯	◯	◯

Artificial nutrition and hydration (feeding tube or IV) in those conditions:

◯ Withhold ◯ Provide ◯ Let my surrogate decide

Whatever you choose, you will always receive medication and care for comfort and pain relief.

Organ and tissue donation:

- ◯ Yes, any needed organs and tissue
- ◯ Yes, only certain organs (describe below)
- ◯ No
- ◯ Undecided

If yes, for these purposes (check all that apply):

☐ Transplant ☐ Therapy ☐ Research ☐ Education

RELIGIOUS BELIEFS, PERSONAL VALUES, OR SPECIFIC INSTRUCTIONS THAT SHOULD GUIDE YOUR CARE

SECTION 13 FINANCIAL POWER OF ATTORNEY

A durable power of attorney lets your agent (Section 7C) handle your finances if you cannot.

> **Good to know:** A Florida power of attorney is signed before two witnesses and a notary. It takes effect as soon as it is signed. Florida does not allow one that "springs" into effect later, so choose an agent you trust today. Your agent must always act in your best interest.

Florida requires you to separately initial certain powers. Which would you like your agent to have? (check all that apply)

- ☐ Create, change, or revoke a trust for you
- ☐ Make gifts of your property
- ☐ Create or change rights of survivorship
- ☐ Create or change beneficiary designations
- ☐ Waive your survivor rights under a retirement plan or annuity
- ☐ Disclaim (refuse) property or inheritances
- ☐ Undecided, let's discuss

If gifts are allowed, may your agent make gifts to themselves? ◯ Yes ◯ No ◯ Discuss

Should your agent be able to plan for Medicaid or long-term care eligibility on your behalf? ◯ Yes ◯ No ◯ Discuss

Should your agent be paid for their time?

◯ Reimburse expenses only ◯ Reasonable compensation ◯ Let's discuss

Should your agent be able to manage your online accounts and digital assets? ◯ Yes ◯ No

SPECIFIC INSTRUCTIONS OR LIMITS FOR YOUR AGENT

SECTION 14 FINAL ARRANGEMENTS

Your preference:

- ◯ Burial
- ◯ Cremation
- ◯ Entombment
- ◯ Donate body to science
- ◯ No preference

Have you prepaid a funeral or burial plan, or purchased a cemetery plot? ◯ Yes ◯ No

If yes, provider and location.

PREFERRED FUNERAL HOME

PLACE OF BURIAL OR SCATTERING OF ASHES

Veterans: would you like burial in a national veterans cemetery? ◯ Yes ◯ No ◯ Does not apply

RELIGIOUS OR MEMORIAL SERVICE WISHES

PERSON WHO SHOULD MAKE THESE DECISIONS

RELATIONSHIP

Good to know: Florida law gives this decision to your spouse first, then your adult children, parents, and siblings. An unmarried partner or close friend has no automatic authority. If you want someone outside that order to decide, name them above so we can put it in writing.

SECTION 15 YOUR GOALS, EXISTING DOCUMENTS & TIMING

What matters most to you? (check all that apply)

- ☐ Avoid probate
- ☐ Protect my children's inheritance
- ☐ Provide for a beneficiary with special needs
- ☐ Protect inheritances from creditors or divorce
- ☐ Keep family land or a home in the family
- ☐ Keep my affairs private
- ☐ Treat children from different relationships fairly
- ☐ Other (explain in Section 16)
- ☐ Provide for my spouse or partner
- ☐ Plan for possible incapacity
- ☐ Plan for long-term care or Medicaid
- ☐ Pass on a family business
- ☐ Reduce estate or income taxes
- ☐ Charitable or church giving
- ☐ Update an existing plan

Existing documents

	For (C1, C2, Both)	Date signed	State	Prepared by	Where is the original?
Will					
Revocable trust					
Other trust					
Power of attorney					
Health care surrogate					
Living will					
Prenup or postnup					
Deed (Lady Bird or other)					

Please email, upload, or bring copies of these documents, recent deeds, and statements showing your account beneficiaries before your consultation.

Timing

Is there a reason your plan needs to be completed soon? (for example, upcoming surgery or travel, a new diagnosis, or a family member's declining health) ◯ Yes ◯ No

If yes, please explain and give any deadline.

SECTION 16 ADDITIONAL INFORMATION & SIGNATURE

ANYTHING ELSE WE SHOULD KNOW, INCLUDING MORE CHILDREN, EXPLANATIONS, OR QUESTIONS FOR YOUR ATTORNEY

Acknowledgment

By signing below, I confirm that: (1) the information in this form is true and complete to the best of my knowledge; (2) submitting this form does not create an attorney-client relationship, and Smith & Williams, PLLC will represent me only after we both sign a written engagement agreement; and (3) Smith & Williams may rely on this information in evaluating my request and, if I engage the firm, in preparing my documents. I understand that the information I share will be kept confidential as required by the Rules Regulating The Florida Bar, even if the firm does not represent me.

Client 1

SIGNATURE | PRINTED NAME | DATE

Client 2 (if applicable)

SIGNATURE | PRINTED NAME | DATE