

IMPORTANT INSTRUCTIONS PLEASE READ

**THIS FORM IS A FILLABLE PDF FILE THAT ALLOWS YOU TO
TYPE RESPONSES & ANSWERS DIRECTLY INTO THE FORM.**

PLEASE FOLLOW THESE STEPS:

- (1) DOWNLOAD AND SAVE THE FORM TO YOUR COMPUTER.**
- (2) CLOSE THE VERSION DISPLAYED IN THE WEB BROWER.**
- (3) OPEN THE FILE THAT YOU SAVED TO YOUR COMPUTER.**
- (4) COMPLETE THE FORM AND RE-SAVE THE FILE.**
- (5) UPLOAD THE COMPLETED FORM INTO MYCASE.**

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FAX: 469-342-8058**

CLIENT CONTACT INFORMATION
[STRICTLY CONFIDENTIAL]

TODAY'S DATE _____

FULL LEGAL NAME: _____

_____ NEW CLIENT _____ EXISTING CLIENT (NEW MATTER)

OTHER NAMES WHICH YOU ARE KNOW OR HAVE BEEN KNOWN BY: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

RESIDENCE PHONE: _____ MOBILE PHONE: _____

HOME FAX: _____

E-MAIL ADDRESS: _____

MARITAL STATUS: _____

DATE OF BIRTH: _____ AGE: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO.: _____

NAME AND ADDRESS OF ACCOUNTANT (CPA):

EMPLOYER INFORMATION (if applicable):

COMPANY NAME: _____

COMPANY ADDRESS: _____

BUSINESS PHONE: _____

CLIENT CONTACT INFORMATION
[STRICTLY CONFIDENTIAL]

OTHER PERSON TO CONTACT, IF WE CANNOT REACH YOU:

NAME: _____

ADDRESS: _____

RESIDENCE PHONE: _____

BUSINESS PHONE: _____

MOBILE PHONE: _____

BUSINESS FAX: _____

RELATIONSHIP: _____

PERSON RESPONSIBLE FOR BILL: _____

ADDRESS: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____

REFERRED BY: _____

PREVIOUS CLIENT
ACQUAINTANCE
ADVERTISING
REFERRAL SERVICE

BRIEF DESCRIPTION OF LEGAL ISSUE(S) FOR WHICH YOU ARE SEEKING HELP:

R. DEAN DAVENPORT
ATTORNEY AT LAW

CLIENT PRIVACY POLICY

Protecting the privacy of the information provided by our clients and maintaining the confidentiality of this information is of the utmost importance to us. The privacy policy below applies to the Social Security data that we collect from you and constitutes our notice to you about why we collect certain personal information, how we use it and with whom we share it, and how we protect this information.

How and why we collect your personal information:

- We may ask that you provide us with your Social Security number at the time we initially undertake your legal representation.
- We may need your Social Security number to obtain legal records (including medical records and wage information). We do not use this information for any other internal or secondary purpose.
- When you provide us with this personal information, we treat it very carefully.
- We collect personal information about you (e.g., name, email address, Social Security number and/or other unique identifiers) only if you specifically and knowingly give it to us.

How this personal information is protected:

- We will take reasonable precautions to maintain the security, confidentiality and integrity of the information we collect.
- Information in your file is confidential and is only accessible to members of our staff.

How and when we use your personal information:

- We do not sell the information we collect.
- The personal information you provide to us will be used only in connection with the legal issues for which you have retained us to represent you, or for the other purposes described in this privacy policy, and/or at the time the information is collected.

How and with whom we share your personal information:

- We may disclose your Social Security number to health care providers, employers, and the Internal Revenue Service in order to obtain evidence or information relevant to your representation.
- We may also disclose your Social Security number to an adverse party if requested to do so in the course of the discovery process and only where such information is relevant to our representation of your best interests.

How we dispose of this information:

- At the conclusion of your case, your file and personal information will be stored in a secured area for a period of at least five (5) years. After a period of five years has passed, if it is appropriate, we will destroy your file, including information about your Social Security number.

I hereby acknowledge that I have read and received a copy of the Client Privacy Policy.

CLIENT NAME (Please Print)

DATE

CLIENT SIGNATURE

**APPLICATION INFORMATION
[PROBATE OF WILL]**

TODAY'S DATE:	
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APPLICANT'S NAME (your name): _____

**FULL LEGAL NAME
OF DECEDENT:** _____

DATE OF DEATH: _____

**LAST THREE DIGITS OF
DECEDENT'S DRIVERS LICENCE NO.:** _____

**LAST THREE DIGITS OF
DECEDENT'S SOCIAL SECURITY NO.:** _____

PLACE OF DEATH (City, County, State): _____

Describe any relevant family history and/or facts that are necessary to explain the relationship (sibling, spouse, etc.) between those who will inherit under the will.

APPLICATION INFORMATION
[PROBATE OF WILL]

To the best of your knowledge, please answer the following questions:

TRUE or FALSE: At the time of Decedent's death, there existed a validly executed WILL.

TRUE or FALSE: At the time of Decedent's death, there was only ONE WILL.

TRUE or FALSE: At the time of death, the Decedent owned REAL PROPERTY (e.g., land, real property, real estate, realty, or immovable property).

TRUE or FALSE: The Decedent received financial assistance from at least one federally funded benefits program (Medicaid, Medicare, Veterans, etc.).

TRUE or FALSE: The Decedent's estate is subject to MERP (Medicaid Estate Recovery Program).

TRUE or FALSE: The KNOWN LIABILITIES of the estate EXCEED the total value of the KNOWN ASSETS of the estate.

TRUE or FALSE: There will be a need to APPOINT APPRAISERS for this Estate. (An appraiser is necessary if the value of certain assets cannot be reasonably estimated.)

TRUE or FALSE: A petition for the appointment of a PERSONAL REPRESENTATIVE is already pending or already has been granted for the Decedent's estate. (In other words, another probate proceeding already has been filed, either in Texas or another state.)

PLEASE ATTACH

- (1) CERTIFICATE OF DEATH**
(2) COPY OF LAST WILL AND TESTAMENT
(DO NOT MAIL the ORIGINAL WILL)

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