

PLEASE COMPLETE THIS FORM PRIOR TO MEETING WITH YOUR ATTORNEY

**PERSONAL INFORMATION**

Your Name \_\_\_\_\_

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

It is okay to leave a voicemail at any number listed above.

It is okay to reach me by my mobile telephone.

It is okay to text to my mobile telephone.

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

**SPOUSE'S INFORMATION**

Spouse's Name \_\_\_\_\_

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

It is okay to leave a voicemail at any number listed above. Date and County of Marriage \_\_\_\_\_

It is okay to reach me by my mobile telephone.

It is okay to text to my mobile telephone.

Spouse's Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

**OTHER FAMILY INFORMATION**

If other family members are involved in the issue for which you are seeking counsel, please provide their information below.  
(For example, if you are here to discuss a will, please list the family members who will be included as beneficiaries, executors, etc.)

Name and Address	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**The Elder Law Office of Olimpi & Kramer, LLC**

396 4<sup>th</sup> Street, Beaver, PA 15009  
Phone (724) 888-2830 Fax (724) 888-2855

8135 Perry Highway, Pittsburgh, PA 15237  
Phone (412) 364-8600 Fax (412) 364-2000

- Beaver County Lawyer Referral Services
- River Communities Fiduciary Services, Inc. (RCFS)
- Website/Google/Internet Source \_\_\_\_\_
- Other \_\_\_\_\_
- Allegheny County Lawyer Referral Services
- Firm Member \_\_\_\_\_
- Networking/Community Event \_\_\_\_\_

Briefly describe the problem for which you are seeking counsel:

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**FOR OFFICE USE ONLY**

Date of Initial Appointment \_\_\_\_\_ *Date*      Conflict Check Completed \_\_\_\_\_ *Date*      \_\_\_\_\_ *Initial* *(Include Results in File)*

Contact Information Received \_\_\_\_\_ *Initial*      Physical File Set-Up Completed \_\_\_\_\_ *Initial*      Casefox Set-Up Completed \_\_\_\_\_ *Initial*

Engagement Letter Sent \_\_\_\_\_ *Date*      \_\_\_\_\_ *Initial*      Signed Engagement Letter Received \_\_\_\_\_ *Date*      \_\_\_\_\_ *Initial*

Retainer Received \_\_\_\_\_ *Date*      \_\_\_\_\_ *Initial*

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