

PLEASE COMPLETE THIS FORM PRIOR TO MEETING WITH YOUR ATTORNEY

**PERSONAL INFORMATION**

Your Name \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_  
 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/PARTNER INFORMATION**

Spouse/Partner Name \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_  
 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, if married: \_\_\_\_\_  
 It is okay to reach me by my mobile telephone. \_\_\_\_\_  
 It is okay to text to my mobile telephone.  
 Spouse/Partner'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

**Please tell us how you heard of The Elder Law Office of Olimpi & Kramer, LLC:**

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

Briefly describe the problem for which you are seeking counsel:

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**FOR OFFICE USE ONLY**

Date of Initial Appointment _____	Conflict Check Completed _____ <i>(Include Results in File)</i>
<i>Date</i>	<i>Date</i> <i>Initial</i>
Contact Information Received _____	Physical File Set-Up Completed _____ Casefox Set-Up Completed _____
<i>Initial</i>	<i>Initial</i> <i>Initial</i>
Engagement Letter Sent _____	Signed Engagement Letter Received _____
<i>Date</i> <i>Initial</i>	<i>Date</i> <i>Initial</i>
Retainer Received _____	
<i>Date</i> <i>Initial</i>	

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