



THE LAW OFFICE OF
CHARLES H. McCLENAGHAN

ATTORNEYS AND COUNSELORS AT LAW

Charles H. McClenaghan, Esq.
*Licensed in Ohio and Florida
Phillip S. Haer, Esq.

CONFIDENTIAL CLIENT INFORMATION

****PLEASE PRINT LEGIBLY****

How did you hear about us? _____ Today's Date _____

PERSONAL INFORMATION

Name: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ County: _____

Home phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

SS #: _____ Drivers License #: _____

Marital Status: _____ Gender: _____

Date of Marriage: _____

What is the best method/number to contact you? _____

EMPLOYMENT INFORMATION

Current Employer: _____ Years Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Title: _____ Current Annual Income: _____

Previous Employer: _____ No. of Years: _____

Address: _____

(Over please)

City: _____ State: _____ Zip: _____

Title: _____ Annual Income: _____

FAMILY INFORMATION

Spouse: _____ SS #: _____

Date of Birth: _____ Cell Phone #: _____

Email: _____ Driver's License #: _____

Spouse's Employer: _____ No. Years Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Annual Income: _____

Children

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

ADVISORS

Financial Advisor: _____ Telephone: _____

CPA/ Accountant: _____ Telephone: _____

Attorney: _____ Telephone: _____

Banker: _____ Telephone: _____

(Over Please)

ADDITIONAL INFORMATION

Do you have a Will? You:_____ Spouse:_____

Do you have a Trust? You:_____ Spouse:_____

Do you have a Power of Attorney? You:_____ Spouse:_____

Do you have a Living Will? You:_____ Spouse:_____

Health Care Power of Attorney? You:_____ Spouse:_____

Do you have HIPAA Release Documents? You:_____ Spouse:_____

If you answered YES to any of the above, have you reviewed in the past 3 years?

You:_____ Spouse:_____

What do you want to accomplish from our meeting today?

May we include you on our e-mail informational updates? YES _____ NO_____

This will authorize us to:

1. Add your email addresses to our firm wide email blast list. This will allow you to receive our articles and client informational pieces. At any time you will have the ability to unsubscribe from this service. If you unsubscribe and you still get communications, please call us immediately.

2. Communicate with you via regular email channels. You are advised that regular email channels are not secure and can be hacked from time to time. In the event you wish to transmit non-public personal information to us, we encourage you to use an encryption package or send to us via fax.

Signature

Signature