



Pro Bono Estate Planning Program Intake Sheet

Full Legal Name:		Date:	
Current Mailing Address:		Phone (Cell):	
Street:		Phone (Home):	
City/State:		Email:	
Zip code:		Date of Birth:	
Do you have minor children? <input type="checkbox"/> Yes <input type="checkbox"/> NO What are the ages of your children? _____		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single (never married) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Have you or your spouse had any of the following items prepared in the past? <input type="checkbox"/> Will <input type="checkbox"/> Trust		What is your asset level (including life insurance)? <input type="checkbox"/> \$0.00-\$250,000 <input type="checkbox"/> \$250,000- \$1,000,000 <input type="checkbox"/> Greater than \$1,000,000	
Why are you interested in participating in this program? _____		What is your household annual income? <input type="checkbox"/> \$0.00-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> Greater than \$100,000	
Are you under Guardianship or Conservatorship? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have adult children? <input type="checkbox"/> Yes <input type="checkbox"/> NO		
If selected for an initial meeting, which date works best for you? <input type="checkbox"/> Oct. 22nd (5pm-8pm) <input type="checkbox"/> Oct. 23rd (5pm-8pm) <input type="checkbox"/> Oct. 24th (5pm-8pm)			

Filling out this Application Intake Sheet does not guarantee services

Either email this form to riedyj@missouri.edu or drop it off at the Family Impact Center, 105 E. Ash Street, Suite 200, Columbia, MO 65203

Questions? Call 573-882-2428 or email riedyj@missouri.edu