



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? ___ Yes ___ NO What are the ages of your children? _____		Marital Status: ___ Married ___ Single (never married) ___ Divorced ___ Widowed	
Have you or your spouse had any of the following items prepared in the past? ___ Will ___ Trust		What is your asset level (including life insurance)? ___ \$0.00-\$250,000 ___ \$250,000- \$1,000,000 ___ Greater than \$1,000,000	
Why are you interested in participating in this program? _____		What is your household annual income? ___ \$0.00-\$50,000 ___ \$50,001-\$100,000 ___ Greater than \$100,000	
Are you under Guardianship or Conservatorship? ___ Yes ___ No	Do you have adult children? ___ Yes ___ NO		
If selected for an initial meeting, which date works best for you? ___ Feb. 4 (5pm-8pm) ___ Feb. 5 (5pm-8pm) ___ Feb. 6 (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