

COWART LAW OFFICES

TIM COWART, ATTORNEY AT LAW

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INITIAL INTAKE FORM

WILLS, POAS, AND DIRECTIVES

How did you hear about Cowart Law Office? _____

DATE: _____

***THIS INFORMATION IS REQUIRED WITHOUT EXCEPTION**

*FULL LEGAL NAME: _____ MAIDEN NAME: _____
LAST FIRST MIDDLE

*MAILING ADDRESS: _____
STREET CITY COUNTY STATE ZIP

*RESIDENTIAL ADDRESS: _____
STREET CITY COUNTY STATE ZIP

*PRIMARY PHONE #: (____) ____ - ____ ALT. PHONE #: (____) ____ - ____ WORK PHONE #: (____) ____ - ____

*EMAIL ADDRESS: _____

*DATE OF BIRTH: _____ PLACE OF BIRTH: _____ M F
MM/DD/YYYY CITY COUNTY STATE

*SOCIAL SECURITY #: _____ - _____ - _____ *DRIVER'S LICENSE #: _____ *STATE: _____

SPOUSES FULL LEGAL NAME: _____ MAIDEN NAME: _____
LAST FIRST MIDDLE

SPOUSES MAILING ADDRESS: _____
STREET CITY COUNTY STATE ZIP

SPOUSES RESIDENTIAL ADDRESS: _____
STREET CITY COUNTY STATE ZIP

PRIMARY PHONE #: (____) ____ - ____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ M F
MM/DD/YYYY CITY COUNTY STATE

PERSON FINANCIALLY RESPONSIBLE

NAME: _____ DATE OF BIRTH: _____ PHONE #: (____) ____ - ____

MAILING ADDRESS: _____

SOCIAL SECURITY #: _____ - _____ - _____ DRIVER'S LICENSE #: _____ STATE: _____

EMERGENCY CONTACT INFORMATION (OTHER THAN SELF)

NAME: _____ DATE OF BIRTH: _____ PHONE #: (____) ____ - ____

MAILING ADDRESS: _____

PRIMARY PHONE #: (____) ____ - ____ ALT. PHONE #: (____) ____ - ____ WORK PHONE #: (____) ____ - ____

PURPOSE OF VISIT (CHECK BOX FOR ALL THAT APPLY):

- WILL (I HAVE NEVER HAD A WILL MADE BEFORE)
- I NEED CHANGES TO MY CURRENT WILL
- MEDICAL POWER OF ATTORNEY
- ADVANCED DIRECTIVES TO PHYSICIAN
- STATUTORY DURABLE POWER OF ATTORNEY

ADDITIONAL INFORMATION NEEDED:

WILLS

EXECUTOR/EXECUTRIX

NAME (FIRST MIDDLE LAST): _____ RELATIONSHIP: _____
 ADDRESS (STREET, CITY, COUNTY, ZIP): _____

TRUSTEE FOR ANY TRUST/CONTINGENT TRUST

NAME (FIRST MIDDLE LAST): _____ RELATIONSHIP: _____
 ADDRESS (STREET, CITY, COUNTY, ZIP): _____

DO YOU OWN ANY REAL PROPERTY? YES NO

*IF YES, PROVIDE A COPY OF THE DEED FOR ANY REAL PROPERTY

DO YOU INTEND TO LEAVE ANYTHING TO A NON-PROFIT ORGANIZATION OR THE GOVERNMENT? YES NO

*IF YES, PROVIDE A LIST TO INCLUDE ORGANIZATION NAME AND CONTACT INFORMATION

ORGANIZATION NAME	ADDRESS	TELEPHONE No.

BIOLOGICAL CHILDREN

NAME OF CHILD (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MM/DD/YYYY)	ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)	PRIMARY PHONE #
			(____) ____ - ____
			(____) ____ - ____
			(____) ____ - ____
			(____) ____ - ____

ADOPTED CHILDREN

NAME OF CHILD (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MM/DD/YYYY)	ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)	PRIMARY PHONE #
			(____) ____ - ____
			(____) ____ - ____
			(____) ____ - ____

STEP CHILDREN YOU INTEND TO CLAIM AS YOUR OWN IN THE WILL

NAME OF CHILD (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MM/DD/YYYY)	ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)	PRIMARY PHONE #
			(____) ____ - ____
			(____) ____ - ____
			(____) ____ - ____

MEDICAL POWER OF ATTORNEY

AGENT

NAME (FIRST MIDDLE LAST): _____
ADDRESS (STREET, CITY, COUNTY, STATE, ZIP): _____
PHONE #: (____) ____ - ____

CO-AGENT (IF DESIRED)

NAME (FIRST MIDDLE LAST): _____
ADDRESS (STREET, CITY, COUNTY, STATE, ZIP): _____
PHONE #: (____) ____ - ____

SUCCESSOR AGENT

NAME (FIRST MIDDLE LAST): _____
ADDRESS (STREET, CITY, COUNTY, STATE, ZIP): _____
PHONE #: (____) ____ - ____

TAKE EFFECT IMMEDIATELY OR UPON DISABILITY? _____

STATUTORY DURABLE POWER OF ATTORNEY

AGENT

NAME (FIRST MIDDLE LAST): _____
ADDRESS (STREET, CITY, COUNTY, STATE, ZIP): _____
PHONE #: (____) ____ - ____

CO-AGENT (IF DESIRED)

NAME (FIRST MIDDLE LAST): _____
ADDRESS (STREET, CITY, COUNTY, STATE, ZIP): _____
PHONE #: (____) ____ - ____

SUCCESSOR AGENT

NAME (FIRST MIDDLE LAST): _____
ADDRESS (STREET, CITY, COUNTY, STATE, ZIP): _____
PHONE #: (____) ____ - ____

TAKE EFFECT IMMEDIATELY OR UPON DISABILITY? _____

DISCLOSURE

(EFFECTIVE JANUARY 1, 2025)

DURING YOUR CONSULTATION, THE SPECIFICS OF YOUR CASE WILL BE DISCUSSED AFTER WHICH AN APPROPRIATE RETAINER WILL BE QUOTED BY THE ATTORNEY. **OUR REPRESENTATION OF YOU DOES NOT COMMENCE UNTIL WE HAVE RECEIVED THE QUOTED RETAINER IN FULL, UNLESS OTHERWISE AGREED TO IN ADVANCE.** PLEASE KEEP IN MIND THAT THERE MAY BE TIME SENSITIVE RESPONSES REQUIRED TO INSURE THE BEST POSSIBLE OUTCOME IN YOUR CASE.

QUOTES AND AVAILABILITY FOR REPRESENTATION FOR THE CONSULTED MATTER ARE VALID FOR 30 DAYS FROM THE DATE OF THE INITIAL CONSULTATION.

THE INITIAL RETAINER, WHETHER HOURLY OR FLAT RATE, DOES NOT INCLUDE SERVICE FEES, CERTIFIED COPY FEES, PUBLICATION OR NOTICE FEES, AMICUS/AD LITEM FEES, MEDIATION, DEPOSITIONS, INVESTIGATIVE SERVICES, OR TRIAL UNLESS SPECIFIED AT THE TIME OF YOUR QUOTE. YOUR ATTORNEY WILL DISCUSS THESE MATTERS WITH YOU ON AN "AS-NEEDED" BASIS, AND A SUPPLEMENTAL RETAINER MAY BE REQUIRED.

RETAINERS ARE NON-REFUNDABLE. SHOULD ANY PORTION OF YOUR RETAINER NOT BE USED, THAT PORTION SHALL REMAIN AS A CREDIT ON YOUR ACCOUNT.

HOURLY RATES: CIVIL (CIVIL LITIGATION, FAMILY, AND SOME PROBATE MATTERS) ARE BILLED AT AN HOURLY RATE. LEGAL SERVICES ARE BILLED IN 6 MINUTE INCREMENTS AT THE FOLLOWING STANDARD RATES, EXCEPTING FLAT RATE SERVICES AND ELECTRONIC COMMUNICATIONS DIRECTLY WITH ATTORNEY:

ATTORNEY	\$300.00 PER HOUR
PARALEGAL	\$125.00 PER HOUR
LEGAL ASSISTANT	\$75.00 PER HOUR

CONVENIENCE FEE: THERE WILL BE A 3% CONVENIENCE FEE FOR ALL CREDIT CARD TRANSACTIONS. WE ALSO ACCEPT CASH OR CHECK WITH VALID IDENTIFICATION.

ELECTRONIC COMMUNICATIONS DIRECTLY WITH ATTORNEY ARE BILLED AT \$30.00 PER MESSAGE.

FLAT RATES: CRIMINAL AND SOME PROBATE MATTERS ARE BILLED AT A FLAT RATE.

CONVERSATIONS BETWEEN AN ATTORNEY AND CLIENT ARE PROTECTED BY LAW AND THE DISCIPLINARY RULES TO WHICH ATTORNEYS ARE SUBJECT TO, INCLUDING THE INITIAL CONSULTATION. NO ATTORNEY, NOR ANY EMPLOYEE OF THE ATTORNEY, CAN BE COMPELLED TO REVEAL ANY CONFIDENTIAL COMMUNICATIONS, EXCEPT IN ACCORDANCE WITH SECTION 261.101 OF THE TEXAS FAMILY CODE REGARDING CHILD ABUSE. IF THERE IS CAUSE TO BELIEVE THAT A CHILD HAS BEEN OR WILL BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER 21.11 OF THE TEXAS PENAL CODE, THE ATTORNEY IS REQUIRED BY LAW TO MAKE A REPORT.

SIGNATURE

DATE