



**PROVENCE
MESSERVY**
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"GUARDIAN/CONSERVATORSHIP INTERVIEW FORM"

Please fill out completely. You can fax or email back to us, or bring with you to your appointment. This form is extremely important. Your accuracy and completeness in responding will help us best represent you.

ALL THE PAGES AND SECTIONS OF THIS FORM MUST BE COMPLETED PRIOR TO SEEING THE ATTORNEY. WRITE YOUR SPECIFIC QUESTIONS AT THE END OF THE LAST PAGE.

PLEASE PRINT CLEARLY

Today's Date _____

Your Full Name: [Person Filling out Form]

First _____ Last _____

Street Address: _____

City _____ State _____ Zip Code _____

Telephone Numbers: Cell: _____ Day: _____

Night: _____ Other: _____

E-mail address: _____

Date of Birth: _____ Social: _____

Referred By: _____

If referred by a person, is this a client or attorney? If you heard about this law office by the internet, which search engine? What search terms did you use?

Name of Person to be Protected:

Their Date of Birth: _____ Age: _____ Their Social: _____

Address of person to be protected:

Your relationship to this person:

List all immediate family members of person to be protected: (Continue on last page if needed)

NAME ADDRESS PHONE NUMBER DATE OF BIRTH RELATIONSHIP

Is there a Power of Attorney? _____ If so, who is names as POA? _____

Do they have a Will? _____ Do they have a Health Care Power of Attorney? _____

Do you expect anyone to contest your appointment in any way? If so please explain.

ASSETS OF PERSON TO BE PROTECTED

Fill the below information in to the best of your ability.

Stocks, bonds and other securities. Approximate value of each account. (Joint - Survivorship - P.O.D. - Trust - Custodial) If none or unknown, so state.

COMPANY AMOUNT OF POLICY CO-OWNER/BENEFICIARY

Real Estate: Location and General Description - Record Owners - Estimated Value - Mortgages, Approximate Amount of Each: If none or unknown, so state.

Insurance policies, pensions, retirement and death benefits:
(Identification and beneficiary) If none or unknown, so state

<u>COMPANY</u>	<u>AMOUNT OF POLICY</u>	<u>BENEFICIARY</u>
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Bank and Savings & Loan Association Accounts: Savings - Time Cert. - Checking - other. How registered (Joint, Survivorship, Trust, Custodial)
If none or unknown, so state

<u>COMPANY</u>	<u>AMOUNT IN ACCOUNT</u>	<u>CO-OWNER/BENEFICIARY</u>
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Please provide a description of the person's limitations and why you feel they need a Guardian or Conservator?

Do you have medical records or doctor's reports deeming this person incapacitated? _____
If so, please bring this information with you. If not, do you have access to this information? _____

Please classify your urgency in concluding this matter? (Check One)

- Critical- Personal Safety or Serious Medical Condition.
- Very Important- Traveling in the near future, hardship, etc.
- Important- Traveling soon, future medical procedures, change in life status, birth of child.
- Needs to be done, but no immediate hardship or urgency.
- Just want to be sure my documents are up-to-date and cover my current needs and wishes.

If this matter involves payment of money, what form of payment do you plan to use? _____

Are you currently or have you ever been represented by an attorney? _____

If yes, who and are they still representing you? _____

Please give a brief explanation of the circumstance for that case: _____

PLEASE USE THIS PAGE TO WRITE YOUR SPECIFIC QUESTIONS FOR THE ATTORNEY:

PLEASE READ CAREFULLY & SIGN:

Following your initial interview, if you agree to hire the Attorney and the Attorney agrees to represent you, you will both sign an Agreement for Representation. The Agreement for Representation will set forth the terms and conditions of the representation.

If the Attorney is willing to represent you and you decide not to sign the Agreement of Representation concluding your appointment, you are strongly urged to schedule a second appointment with the Attorney at the earliest possible time or to immediately consult with other legal counsel to protect your rights.

If for whatever reason, the Attorney is unable to represent you, the attorney does not represent you with regard to the matter set forth by you on this information sheet, nor any other matters you may discuss with the attorney during your consultation. If your legal problem(s) involve a potential lawsuit, it is important that you realize a lawsuit must be filed within a certain period of time called a Statute of Limitations. Therefore, the Attorney strongly urges you to immediately consult with another Attorney to protect your rights. The attorney's inability to represent you should not be taken by you as an expression regarding the merits fo your case.

NOTICE: This office does not represent you with regards to the matters set forth by you herein in this information sheet or discussed during your consultation unless and until, both you and Attorney execute a written Agreement for Representation.

Your signature acknowledges only that you received a copy of this completed information sheet,

believe the information to be accurate, and understand that submission of this information does not constitute an Attorney-client relationship unless you hire the Attorney and enter into the Agreement for Representation as described above.

SIGNATURE: _____ DATE: _____



This portion to be completed by the Attorney

- Will represent.
- Will Investigate and report (Schedule a follow-up conference for _____ days)
- Representation declined – Letter of declination will be sent.
- Party will get back with us- No action to be taken and party was so informed.
- Client declined representation at this time.

Interviewed by: _____ this _____ day of _____

Office Location: _____

NOTES:
