

# THE DURAN FIRM, PLLC



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## RECEIPT AND COMPLETION OF THIS DOCUMENT DOES NOT ESTABLISH AN ATTORNEY-CLIENT RELATIONSHIP

Via Download

To: Prospective Clients

Re: Prospective Client Information Worksheet for Durable Power of Attorney

Dear Prospective Clients,

Thank you for contacting The Duran Firm regarding the preparation of your Durable Power of Attorney. In order to start work on your Durable Power of Attorney, I need some information about you and your wishes in the event of your incapacity. By completing the attached Worksheet and sending it to The Duran Firm, you make it possible for The Duran Firm to have a draft of your Durable Power of Attorney ready for discussion at our initial meeting.

Please understand that the receipt of this Worksheet by The Duran Firm does not establish an attorney-client relationship. The Duran Firm will require pre-payment of its fees and the execution of an attorney-client fee agreement prior to accepting you as a client. We do, however, look forward to working for you.

Please contact me if you have any questions.

Sincerely,

Michael A. Duran

Attachment

# THE DURAN FIRM, PLLC

## Client Information Worksheet

### I. General Client Information.

#### A. Prospective Client

1. Formal Name: \_\_\_\_\_  
First Middle Last
2. Aliases: \_\_\_\_\_
3. Address: \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_  
City County State Zip Code
4. Phone Number: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work
5. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
6. U.S. Citizen: Yes  No

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## III. Planning for Your Incapacity

### A. Financial Agent

Please designate a Financial Agent in case you become incapacitated. The agent will be the person who will be responsible for handling your financial affairs in the event you are unable to handle them yourself.

#### 1. Prospective Client

a. Financial Agent: Spouse  *OR*

Name:

\_\_\_\_\_  
First Middle Last

Address:

\_\_\_\_\_  
Street Apt#

\_\_\_\_\_  
City State Zip Code

b. First Alternate Financial Agent:

Name:

\_\_\_\_\_  
First Middle Last

Address:

\_\_\_\_\_  
Street Apt#

\_\_\_\_\_  
City State Zip Code

c. Please list the powers to be granted to agents (check all that apply).

- Real property transactions;
- Tangible personal property transactions;
- Stock and bond transactions;
- Commodity and option transactions;
- Banking and other financial institution transactions;
- Business operating transactions;
- Insurance and annuity transactions;
- Estate, trust, and other beneficiary transactions;
- Claims and litigation;
- Personal and family maintenance;
- Benefits from social security, Medicare, Medicaid, or other governmental programs or civil or military service;
- Retirement plan transactions;
- Tax matters.

d. Please list any special instructions limiting or extending the powers granted to your agent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# THE DURAN FIRM, PLLC

## CERTIFICATION STATEMENT (REQUIRED)

I certify that the information provided in this Client Information Worksheet is true and correct and in accordance with my wishes.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

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Prospective Client