



# 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 Medical Power of Attorney

Dear Prospective Clients,

Thank you for contacting The Duran Firm regarding the preparation of your Medical Power of Attorney. In order to start work on your Medical 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 Medical 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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## II. Planning for Your Incapacity

### A. Health Care Agent

Please designate a Health Care Agent in case you become incapacitated. The agent will be the person who will make medical decisions for you in the event you are unable to make them for yourself.

#### 1. Prospective Client

a. Health Care Agent: Spouse  *OR*

Name:

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

Address:

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

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

b. First Alternate Health Care Agent:

Name:

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

Address:

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

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

c. Please list any special instructions limiting the decision making authority of your agent:

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

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## 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\_\_.

\_\_\_\_\_  
Prospective Client