PERSONAL INFORMATION

(Please Print)

Person in Need of Care

Date Completed _____

Full Legal Name_____

Print their name as it is signed on legal documents_____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home Telephone (___)_____County of Residence_____

Employer_____ Position_____Business Telephone (___)_____

Business address_____City_____State_____ Zip_____

❑ Married:_____ ❑ Divorced: Date_____ ❑ Widowed: Date_____ ❑ Single

❑ U.S. Citizen ❑ Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

Spouse

Name _____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home Telephone (___)_____ Business Telephone (___)_____

Person Seeking Legal Counsel

Name _____ Relationship _____

Home address_____City_____State_____Zip_____

Home Telephone (___)_____ Business Telephone (___)_____

CHILDREN'S INFORMATION

Child # 1

Child's Full Legal Name_____ ❑ Male ❑ Female

Name of Parent(s) of Child #1: _____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Employer_____ Occupation_____Education_____

Business address_____City_____State_____Zip_____

Special Needs: ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	❑
_____	_____	_____	❑
_____	_____	_____	❑

Child # 2

Child's Full Legal Name_____ ❑ Male ❑ Female

Name of Parent(s) of Child #2: _____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Employer_____ Occupation_____Education_____

Business address_____City_____State_____Zip_____

Special Needs: ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	❑
_____	_____	_____	❑
_____	_____	_____	❑

Child # 3

Child's Full Legal Name_____ ❑ Male ❑ Female

Name of Parent(s) of Child #3: _____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Employer_____ Occupation_____Education_____

Business address_____City_____State_____Zip_____

Special Needs: ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	❑
_____	_____	_____	❑
_____	_____	_____	❑

Child # 4

Child's Full Legal Name_____ ❑ Male ❑ Female

Name of Parent(s) of Child #4: _____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Employer_____ Occupation_____Education_____

Business address_____City_____State_____Zip_____

Special Needs: ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	❑
_____	_____	_____	❑
_____	_____	_____	❑

Child # 5

Child's Full Legal Name_____ ❑ Male ❑ Female

Name of Parent(s) of Child #5: _____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Employer_____ Occupation_____Education_____

Business address_____City_____State_____Zip_____

Special Needs: ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	❑
_____	_____	_____	❑
_____	_____	_____	❑

Child # 6

Child's Full Legal Name_____ ❑ Male ❑ Female

Name of Parent(s) of Child #6: _____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Employer_____ Occupation_____Education_____

Business address_____City_____State_____Zip_____

Special Needs: ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	❑
_____	_____	_____	❑
_____	_____	_____	❑

OTHER DEPENDENTS

Friends or relatives who are dependents.

Dependent # 1

Dependent's Full Legal Name_____

Relationship:_____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Employer_____ Occupation_____Education_____

Business address_____City_____State_____Zip_____

Special Needs ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: _____

Dependent # 2

Dependent's Full Legal Name_____

Relationship:_____

Nickname_____ Birth date_____Social Security Number_____

Home address_____City_____State_____Zip_____

Home telephone_____County of Residence_____

Employer_____ Occupation_____Education_____

Business address_____City_____State_____Zip_____

Special Needs ❑ Medical ❑ Educational ❑ Financial

❑ Married ❑ Divorced ❑ Widowed ❑ Single Spouse's Name: _____

CARE STATUS

What is the diagnosis? _____

_____

_____

Is the person in need of care competent to express his/her wishes? Yes _____ No _____

Who is providing care now? _____

_____

_____

_____

How is care being paid for? _____

_____

If known, what does person in need of care want to have happen now ? _____

_____

_____

_____

How and where is that documented? _____

_____

_____

What does family want? (Note if there are conflicts) _____

_____

_____

_____

Please provide the following information / documentation:

Copy of assessment, care plan, recent medical reports (if available).

Copy of contact information for all medical and care providers.

Copies of **all** estate planning documents (if available):

Will, Trust, Durable Power of Attorney, Patient Advocate Designation (Living Will).

Copies of Court documents **if** Guardian and/or Conservator appointed.

IMPORTANT FAMILY QUESTIONS

Please Check "Yes" or "No" for Your Answer	YES	NO
Does person in need of care have a child with a learning disability?		
Does person in need of care have a child who receives governmental support or benefits?		
Do any of their children have special education, medical, or physical needs?		
Are any of their children institutionalized?		
Is person in need of care or their spouse receiving social security, disability, or other governmental benefits?		
Does person in need of care provide primary or other major financial support to adult children?		
Is person in need of care making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)		
Has person in need of care signed a pre- and/or post- marriage contract? (Please furnish a copy.)		
Has person in need of care or their spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)		
Has person in need of care completed Health Care Powers of Attorney or Living Wills? (Please furnish copies.)		
Has person in need of care completed wills, trusts, or estate planning? (Please furnish copies.)		
Is person in need of care a United States citizen?		
If you answered "NO," is he or she a resident or a non-resident alien?		

OTHER PROFESSIONAL ADVISORS

Name of CPA: _____

Company_____

Address_____City_____State_____Zip_____

Phone # _____ Fax # _____ E-Mail:_____

Name of Financial Advisor: _____

Company_____

Address_____City_____State_____Zip_____

Phone # _____ Fax # _____ E-Mail:_____

Name of Family Attorney: _____

Law Firm_____

Address_____City_____State_____Zip_____

Phone # _____ Fax # _____ E-Mail:_____

Name of Stock Broker: _____

Company_____

Address_____City_____State_____Zip_____

Phone # _____ Fax # _____ E-Mail:_____

Name of Life Insurance Agent: _____

Company_____

Address_____City_____State_____Zip_____

Phone # _____ Fax # _____ E-Mail:_____

Name of Personal Banker: _____

Company_____

Address_____City_____State_____Zip_____

Phone # _____ Fax # _____ E-Mail:_____

Estimated Asset Valuation Sheet
For Person in Need of Care

ASSETS*	*AMOUNT* Joint	His	Hers
Cash Accounts			
Investment Accounts			
Stocks			
Automobiles and Recreational Vehicles			
Retirements Plans			
Pension Plans			
Life Insurance Policies			
Annuities			
Bonds			
Monies Owed to You			
Homestead			
Other Real Property			
Oil, Gas, and Mineral Interests			
Business Interests: (S Corp, LLC, Partnership)			
Sole Proprietorship Interests			
Anticipated Inheritance, Gift, or Judgment			
Pre-Paid Funeral/Burial Costs/Plots			
Other Assets			
TOTAL ASSETS			

LIABILITIES	*AMOUNT*	
Loans payable		
Accounts payable		
Real estate mortgages payable		
Loans against life insurance		
Unpaid taxes		
Other obligations		
TOTAL LIABILITIES		
NET ESTATE		

MONTHLY INCOME	His	Hers
Social Security, pension, other regular income		