



## Estate Planning & Elder Law Client Intake Form

We are a comprehensive planning firm which means we ask for a lot of information for an initial consultation. The following information is necessary to ensure that our attorneys can provide the best possible planning services. We understand this is a lengthy form and appreciate your efforts in completing it. All client information will be kept wholly confidential and securely stored.

All clients should complete pages 1-8. For Medicaid and long-term care planning please complete the entire form.

### CLIENT INFORMATION

Name: \_\_\_\_\_  
(Please use the full legal spelling of the name, including the middle initial. Example: William R. Smith)

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Is this your first marriage? \_\_\_\_\_

Veteran? Yes No Social Security Number: \_\_\_\_\_  
(Optional)

.....  
Spouse/Partner Name: \_\_\_\_\_

If spouse/partner is deceased, date of death: \_\_\_\_\_

Address (if different): \_\_\_\_\_

City, State, Zip Code (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Is this your first marriage? \_\_\_\_\_

Veteran? Yes No Social Security Number: \_\_\_\_\_  
(Optional)

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Primary Contact (if other than client): \_\_\_\_\_

Relation to client(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**FAMILY INFORMATION**

Child name 1: \_\_\_\_\_  
(Please use the full legal spelling of the name, including the middle initial. Example: William R. Smith)

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_

Child of:     Husband     Wife     Both

.....

Child name 2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_

Child of:     Husband     Wife     Both

.....

Child name 3: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_

Child of:     Husband     Wife     Both

.....

Child name 4: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_

Child of:     Husband     Wife     Both

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Child name 5: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_

Child of:     Husband     Wife     Both

.....

Please indicate if any child has passed, including if the deceased has any descendants:

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

Do you currently or have you recently provided any children with major financial support or large gifts that is considered to be an advancement, or part of their inheritance?

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

*If more space is needed, please use the notes area at the end of the page*

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**ADVISOR INFORMATION**

Financial Advisor

Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

.....

Accountant

Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

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



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**FINANCIAL INFORMATION**

**Bank Accounts** – checking, savings, certificate of deposit, money market accounts.

Please provide a description, current value, and ownership.

Description	Current Value	Ownership
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

Total Value: \_\_\_\_\_

.....

**Retirement Plans & Accounts** – pension, profit sharing, retirement annuities, 401(k), 403B, H.R., IRA. Please note if any accounts are “Roth” type accounts.

Please provide a description, current value, and ownership.

Description	Current Value	Ownership
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

Total Value: \_\_\_\_\_

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**Stocks, Bonds, Mutual Funds, Investment Accounts**

Please provide a description, current value, and ownership.

Description	Current Value	Ownership
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

Total Value: \_\_\_\_\_

**Real Estate**

Please provide an address, estimated fair market value, and copies of deeds if readily available.

Physical Address	Est. Fair Market Value

Total Value: \_\_\_\_\_

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**Motor Vehicles & Watercraft**

Please provide a description for each vehicle, boat, recreational vehicle, etc., estimated current value, and ownership.

Description	Est. Current Value	Ownership
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

Total Value: \_\_\_\_\_

**Business Interests** – includes all interests in any general and limited partnerships, sole proprietorships, privately owned corporations, professional corporations, S-Corporations, LLCs, LLPs, oil interests, farm, and ranch interests.

Please provide a description, estimated fair market value, and ownership.

Description	Est. Fair Market Value	Ownership
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

Total Value: \_\_\_\_\_

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Life Insurance

Please include the company, owner (if different from insured), insured names, death proceeds, beneficiary(ies), and current cash surrender values.

1. [ ]

2. [ ]

3. [ ]

Total Cash Surrender Value: \_\_\_\_\_

Annuities

Please include the company, owner(s), beneficiary(ies), current cash surrender values.

1. [ ]

2. [ ]

3. [ ]

Total Cash Surrender Value: \_\_\_\_\_

Debts Owed to You

Please provide the names of debtors, current balances, dates of debt, due dates, and indicate the ownership.

Description	Ownership
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

Total Value: \_\_\_\_\_



**ELDER LAW**

*Please complete this section only if seeking long-term care planning, asset protection or Medicaid planning.*

To determine your elder law needs, please complete the following:

1. Describe the physical/mental problems of the potential Medicaid recipient:

2. Is either client currently in assisted living, a nursing home or a rehabilitation center?

Yes       No

If yes, please provide the name of the facility, date of admission and indicate if the admission was from home, a hospital or other facility.

3. Has anyone lived with either client or has either client lived with anyone else during the last two (2) years? If so, please explain the circumstances:

4. Is either client receiving SSI, disability, or other governmental benefits?

Yes       No

5. Have prepaid funeral arrangements been made for either client?

Yes       No

6. Has the potential Medicaid recipient and/or his or her spouse made any gifts within the last five (5) years that was a total dollar value of over \$1,200 per calendar year?

*Excluded are gifts made between spouses or to churches & charitable organizations.*

- Transfer/gift of real estate
- Transfer/gift of a vehicle
- Cash or check birthday/holiday gifts
- Made payments on behalf of someone else to a creditor
- Made a transfer/gift from a trust

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Provide the additional information concerning any gifts described in question 6:

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**MONTHLY INCOME**

	Name: _____	Name: _____
<b>Social Security Income</b>		
<b>Pension Income</b>		
<b>Other Income</b>		
<b>Total Income</b>		

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**ADMINISTRATIVE INFORMATION**

Who referred you to our office? \_\_\_\_\_

By signing below, I understand that the information I provide when completing this questionnaire will be used in providing estate planning, asset protection, elder law, Medicaid planning advice and/or other legal services, and that it is my responsibility to ensure the accuracy and completeness of such information.

Form prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

For new clients, please provide the following documents to our office:

1. Will
2. Power of Attorney
3. Most recent statements concerning each bank account, retirement account, life insurance policy, each annuity, and other various financial statements
4. Deeds and any leases concerning any real estate you own

Please provide this information and completed form to our office prior to or at the time of our initial conference, if possible, by emailing [admin@dhblaw.com](mailto:admin@dhblaw.com) or visit our Fort Wayne office at 406 S. Scott Road or Bluffton office at 30 Premier Avenue. Office hours are Monday-Friday 8am-4:30pm.