



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 1-9, as well as the administrative information on page 13. 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: _____

Email Address: _____ County of Residence: _____

Phone Number: _____ Alt. Phone Number: _____

Date of Birth: _____ Age: _____

Date of Marriage: _____ Is this your first marriage? _____

Veteran? Yes No Social Security Number: _____
(Optional)

Citizenship: _____ Last Grade Completed _____
.....

Spouse/Partner Name: _____

If spouse/partner is deceased, date of death: _____

Address (if different): _____

City, State, Zip Code (if different): _____

Email Address: _____ County of Residence: _____

Phone Number: _____ Alt. Phone Number: _____

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Date of Birth: _____ Age: _____

Date of Marriage: _____ Is this your first marriage? _____

Veteran? Yes No Social Security Number: _____
(Optional)

Citizenship: _____ Last Grade Completed _____

.....
Primary Contact (if other than client): _____

Relation to client(s): _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Alt. Phone Number: _____

Email Address: _____

FAMILY INFORMATION

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

Phone Number: _____ Date of Birth: _____

Address: _____

Child of: Client Spouse/partner Both

.....
Child name 2: _____

Phone Number: _____ Date of Birth: _____

Address: _____

Child of: Client Spouse/partner Both

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.....
Child name 3: _____

Phone Number: _____ Date of Birth: _____

Address: _____

Child of: Client Spouse/partner Both

.....
Child name 4: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Child of: Client Spouse/partner Both

.....
Child name 5: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Child of: Client Spouse/partner Both

.....
Please indicate if any child has died, 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 are considered to be an advancement, or part of a child's inheritance?

Additional Notes: _____

ADVISOR INFORMATION

Financial Advisor

Name: _____

Firm Name: _____

Phone Number: _____

Email Address: _____

.....

Accountant

Name: _____

Firm Name: _____

Phone Number: _____

Email Address: _____

.....

Insurance Agent

Name: _____

Firm Name: _____

Phone Number: _____

Email Address: _____

.....

Additional Notes: _____

ESTATE PLANNING

To determine your estate planning needs, please indicate the following:

Do you currently have a will?

Yes No

Does your spouse/partner currently have a will?

Yes No

Are there any trusts created by either spouse in existence?

Yes No

Is either spouse currently disabled or living in a nursing home?

Yes No

Do any of your children have special education, medical or physical needs?

Yes No

Does either spouse have a divorce decree/pre-nuptial or post-nuptial agreement which may affect estate planning?

Yes No

Is either spouse receiving Social Security benefits?

Yes No

If yes, which? _____

Do you have long-term care insurance?

Yes No

Do any of your children, grandchildren or any other beneficiaries receive governmental support or benefits?

Yes No

Do you have out-of-state real property?

Yes No

Does either spouse possess a General Power of Attorney for anyone?

Yes No

Do you own a business?

Yes No

Has either spouse ever filed a Federal Gift Tax Return (Form 709)?

Yes No

Does either spouse expect to receive an inheritance or other windfall?

Yes No

Additional Notes: _____

FINANCIAL INFORMATION

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

Description	Current Value	Ownership
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <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.

Description	Current Value	Ownership
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint

Total Value: _____

Stocks, Bonds, Mutual Funds, Investment Accounts

Please provide a description, current value, and ownership.

Description	Current Value	Ownership
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <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: _____

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"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <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"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
		<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint

Total Value: _____

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. Please indicate whether there is written documentation of each loan.

Description	Ownership
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Joint
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse/partner <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?

Client Spouse/partner Both None

5. Has either client, or any member of your family filed for Medicaid, SNAP, or TANF benefits before?

Client Spouse/partner Both Other None

6. Has either client been involved in an accident within the past two years in which litigation is pending?

Client Spouse/partner Both None

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7. Has either client been convicted of a felony?

- Client Spouse/partner Both None

8. 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

Provide the additional information concerning any gifts described in question 8:

MONTHLY INCOME & INCOME TAXES

	Name: _____	Name: _____
Social Security Income		
Pension Income		
Other Income		
Total Income		

1. Are you required to file a federal income tax return? Yes No
2. Do you claim any dependents? Yes No
3. Do you intend to file federal income taxes next year? Yes No
4. Have you ever filed federal or state gift tax returns? Yes No

EXPENSES

1. Supplemental Health Insurance:
Client's monthly premium: _____ Company Name: _____
2. Do you have Medicare Part C coverage? Yes No
3. Medicare Part D (prescription) Coverage:
Client's monthly premium: _____ Company Name: _____
4. Are you responsible for a primary heating or cooling expense? Yes No
5. Monthly mortgage or rent payment amount: _____
If you pay property taxes and/or homeowner's insurance separate from your mortgage, please provide billing statements.

ASSETS

1. Do you own any stocks? Yes No
If yes, please provide your current financial statement or other documentation.
2. Do you own any savings bonds? Yes No
If yes, please provide a copy of each bond.
3. Have prepaid funeral arrangements been made for either client?
 Client Spouse/partner Both None
4. Does either client own prepaid cemetery or burial plots?
 Client Spouse/partner Both None
5. Have you sold/transferred/traded any real estate or vehicles in the last 5 years?
 Yes No If yes, please list what was sold/transferred/traded and when:

Caution for Medicaid Planning Clients: Please be aware that Family and Social Services Administration checks assets owned by a Medicaid applicant over the past 5 years using an Asset Verification System. Please list all assets that include your name, even if you are not the primary owner of the asset.

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 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.