



## CLIENT INTAKE FORM

(married)

We are a comprehensive planning firm, which means we ask for a lot of information for an initial consultation. The time you spend in advance of your initial consultation in completing this form will enable us to serve you more efficiently. All information provided will be kept confidential and securely stored.

In order for us to accurately evaluate your current situation, we ask that you provide the following (as they apply) to our firm at your initial meeting or in advance.

1. Current Power of Attorney document;
2. Current will;
3. Deed(s) to any real estate owned;
4. The current value of all bank and/or investment accounts;
5. The current value of any stock and/or bonds owned;
6. A copy of all life insurance policies; and
7. Current monthly income received.

Feel free to provide this completed form and above information by **FAX** to (260) 824-8855, or **MAIL** to Dale, Huffman & Babcock, 30 Premier Avenue, Bluffton, Indiana 46714, or visiting one of our offices located in Bluffton at 30 Premier Avenue or at 406 South Scott Road, Fort Wayne, Indiana 46814. We also offer a secure client portal that we use for exchange of documents. If you would like more information regarding this client portal, please contact our administrative staff at [Admin@dhblaw.com](mailto:Admin@dhblaw.com).

Thank you for contacting Dale, Huffman & Babcock Lawyers. We look forward to working with you.

Date: \_\_\_\_\_

## CLIENT INTAKE FORM

**The information requested on this questionnaire will be used in providing asset protection, estate planning, Medicaid planning advice, and/or other legal services. Please complete the entire form with accurate information. Please add additional pages as necessary.**

### Personal Information:

A. Client's Name: \_\_\_\_\_  
First M.I. Last

Prefer to be called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Are you a veteran: Y N

Last grade completed: \_\_\_\_\_ U.S. Citizen: Y N

County of Residence: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

B. Spouse's Name: \_\_\_\_\_  
First M.I. Last

Preferred to be called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Are you a veteran: Y N

Last grade completed: \_\_\_\_\_ U.S. Citizen: Y N

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is this a first marriage for each of you? Y N

Do you have a written pre-nuptial agreement? Y N

Do each of you have a will? Y N

Have either of you created any type of trust agreement? Y N

Do either of you own a business? Y N

Have either of you been convicted of a felony? Y N

C. Contact Person/POA: \_\_\_\_\_  
First M.I. Last

Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relation to Client: \_\_\_\_\_

D. Names and addresses of each of your children (including deceased): "C" denotes client's child and "S" denotes spouse's child. If child of both, ignore the "C" and "S". Please add additional pages if needed.

C S 1. Name: \_\_\_\_\_  
First M.I. Last Date of Birth Gender Marital Status

Mailing Address: \_\_\_\_\_  
Street City State Zip

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

C S 2. Name: \_\_\_\_\_  
First M.I. Last Date of Birth Gender Marital Status

Mailing Address: \_\_\_\_\_  
Street City State Zip

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

C S 3. Name: \_\_\_\_\_  
First M.I. Last Date of Birth Gender Marital Status

Mailing Address: \_\_\_\_\_  
Street City State Zip

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

C S 4. Name: \_\_\_\_\_  
First M.I. Last Date of Birth Gender Marital Status

Mailing Address: \_\_\_\_\_  
Street City State Zip

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

C S 5. Name: \_\_\_\_\_  
First M.I. Last Date of Birth Gender Marital Status

Mailing Address: \_\_\_\_\_  
Street City State Zip

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do any of your and/or your spouse's children receive Social Security Disability or Supplemental Social Security (SSI) benefits? Y N

If yes, who? \_\_\_\_\_

E. During any time after September 30, 1989, have you and/or your spouse ever been in a hospital and/or nursing home for more than 30 consecutive days? Y N

F. Have you, your spouse, or anyone in your family filed for Medicaid, Food Stamps/SNAP, or TANF benefits before? Y N

G. Has anyone lived with you and/or your spouse or have you and/or your spouse lived with anyone during the last two years? Y N If yes, please explain the circumstances:

---

H. Are you and/or your spouse in a nursing home, assisted living, or rehab center? Y N

If yes, please complete the following:

Name of Facility: \_\_\_\_\_

Was admission from: Home Hospital Other Facility

Date of Admission: \_\_\_\_\_

I. Have you and/or your spouse been involved in an accident within the past two years in which litigation is pending? Y N

**Loans:**

Does anyone presently owe you and/or your spouse any money (or other debt)? Y N

If yes, do you and/or your spouse have written documentation signed by the debtor? Y N

Please list the amount owed to you and/or your spouse for each loan and payment terms:

---

---

**Monthly Income:**

	<u>Client</u>	<u>Spouse</u>
Social Security:	_____	_____
Pension:	_____	_____
Pension:	_____	_____
Farm/Employment:	_____	_____
Other:	_____	_____
Total:	_____	_____

**Income Taxes:**

Are you and/or your spouse required to file a federal income tax return? Y N

Do you and/or your spouse claim any dependents (other than your spouse)? Y N

Do you and/or your spouse intend to file federal income taxes next year? Y N

Have you and/or your spouse ever filed federal or state gift tax returns? Y N

**Expenses:**

**Supplemental Health Insurance (Please list separately for Client and Spouse):**

Client's Monthly Premium: \_\_\_\_\_ Company Name: \_\_\_\_\_

Spouse's Monthly Premium: \_\_\_\_\_ Company Name: \_\_\_\_\_

Do you or your spouse have Medicare Part C coverage?    Y    N

## Medicare Part D (prescription) Coverage

Client's Monthly Premium: \_\_\_\_\_ Company Name: \_\_\_\_\_

Spouse's Monthly Premium: \_\_\_\_\_ Company Name: \_\_\_\_\_

Are you or your spouse responsible for a primary heating or cooling expense?    Y    N

Monthly mortgage or rent payment amount: \_\_\_\_\_

If you and/or your spouse pay property taxes and/or homeowner's insurance separate from the mortgage, please provide billing statements.

**Assets:** Please be aware, Family and Social Services Administration checks assets owned by either spouse over the past 5 years using an Asset Verification System. Please list all assets either of your names appear on, even if you are not the primary owner of the asset. Please add additional pages as necessary.

**A.** Do either of you and/or your spouse have nursing home/long-term care insurance?    Y    N

**B.** Do you and/or your spouse have a financial advisor and/or accountant? Y N If yes, please provide his/her name, company name, address, and phone number:

**C.** What real estate do you and/or your spouse own? Please add additional pages as necessary.

Address: \_\_\_\_\_  
 Street City State acreage

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

Street	City	State	acreage

Address: \_\_\_\_\_  
Street City State acreage

**D.** What vehicles do you and/or your spouse own, including mobile homes, RVs, campers, ATVs, boats, golf carts, mopeds, etc.? Please add additional pages as necessary.

Year	Make	Model
------	------	-------

Year	Make	Model
------	------	-------

Year	Make	Model
------	------	-------

Year	Make	Model
------	------	-------

**E.** Have you and/or your spouse sold, transferred, or traded any real estate or vehicles in the last 5 years? Y N

If yes, please list what was sold/transferred/traded and when: \_\_\_\_\_

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

**F.** What bank accounts do your names appear on either individually or jointly with your spouse or any other individual(s)? Please add additional pages as necessary.

Bank Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account #: \_\_\_\_\_

Current Balance: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account #: \_\_\_\_\_

Current Balance: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account #: \_\_\_\_\_

Current Balance: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account #: \_\_\_\_\_

Current Balance: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account #: \_\_\_\_\_

Current Balance: \_\_\_\_\_

**G.** Other Investments (IRAs, 401(k), mutual funds, brokerage accounts, annuities, etc.). Please add additional pages as necessary.

Company Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account #: \_\_\_\_\_

Current Balance: \_\_\_\_\_

Company Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account #: \_\_\_\_\_

Current Balance: \_\_\_\_\_

Company Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account #: \_\_\_\_\_

Current Balance: \_\_\_\_\_

Company Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account #: \_\_\_\_\_

Current Balance: \_\_\_\_\_

**H.** Life Insurance. Please add additional pages as necessary.

Company Name: \_\_\_\_\_  
Insured: \_\_\_\_\_

Owner: \_\_\_\_\_  
Type: Whole Term Group

Company Name: \_\_\_\_\_  
Insured: \_\_\_\_\_

Owner: \_\_\_\_\_  
Type: Whole Term Group

Company Name: \_\_\_\_\_  
Insured: \_\_\_\_\_

Owner: \_\_\_\_\_  
Type: Whole Term Group

Company Name: \_\_\_\_\_  
Insured: \_\_\_\_\_

Owner: \_\_\_\_\_  
Type: Whole Term Group

**I.** Do you and/or your spouse own any stocks? Y N  
If yes, please provide a current financial statement.

**J.** Do you and/or your spouse own any savings bonds? Y N  
If yes, please provide a copy of each bond.

**K.** Do you and/or your spouse own prepaid funeral arrangements? Y N  
If yes, please provide us with all documents pertaining to such arrangements.

**L.** Do you or your spouse own cemetery or burial plots? Y N  
If yes, please provide documentation of ownership.

**Gifts/Transfers:**

Please list all gifts (cash, real estate, vehicles, etc.) made by you and/or your spouse within the last 5 years (no matter how small or for what reason, except gifts to charities and churches). Please add additional pages as necessary.

<u>Date</u>	<u>Amount</u>	<u>To Whom</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Special Considerations:**

Are you and/or your spouse currently the beneficiary of anyone else's trust, expecting an inheritance in the future, or expecting a large lump sum payment of money in the future (such as a lawsuit settlement)? Y N

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do any of your and/or your spouse's intended beneficiaries have special educational, medical, or physical needs? Y N

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you and/or your spouse provide major financial support to adult children or other beneficiaries that is considered to be an advancement or part of their estate inheritance? Y N

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please list any charitable organization to which you and/or your spouse are considering making gifts from your and/or your spouse's estate:

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

**Referral:**

Who referred you to our office?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (street, city, state, zip)

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Spouse Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**