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FINANCIAL INTAKE FORM

DATE COMPLETED: _____

NAME (S) : _____

DATE(S) OF BIRTH: _____

U.S. CITIZEN YES _____ NO _____

SOCIAL SECURITY NO(S) . : _____

RESIDENCE ADDRESS: _____

TELEPHONE NO. : _____

I. FAMILY INFORMATION

Children

<u>Name</u>	<u>Address</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. INCOME

<u>RECIPIENT</u>	<u>SOURCE/PAYOR</u>	<u>AMOUNT/FREQUENCY</u> (i.e., monthly, quarterly, annually)
_____	Social Security	_____
_____	Social Security	_____
_____	Pension_____	_____
_____	Pension_____	_____
_____	Pension_____	_____
_____	Pension_____	_____

III. ASSETS
REAL PROPERTY

<u>Description and</u> <u>Location</u>	<u>How Title</u> <u>is Held</u>	<u>Value of</u> <u>Encumbrances</u> <u>(Mortgages, etc.)</u>	<u>Present</u> <u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Burial plot owned: YES____ NO____ Value_____

Burial Trust Life Insurance: YES____ NO____ Value_____

AUTOMOBILE (S)

Make/Model

Year

Value

PERSONAL (i.e., jewelry, collectibles)

Description

Value

Stocks and Bonds

Company

Owner (s)

No. of
Shares

Beneficiary

Present
Value

Life Insurance

<u>Institution</u>	<u>Owner(s)</u>	<u>Policy No.</u>	<u>Death Benefit</u>	Beneficiary	<u>Present Cash Value</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

IV. DEBTS

<u>Creditor</u>	<u>Total Amount Owed</u>	<u>Terms of Repayment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. EXPENSES

	<u>Amount/Frequency</u>
Rent or Mortgage	_____
Utilities	_____
Maintenance	_____
Property taxes	_____
Food	_____

V. EXPENSES (continued...)

Automobile	_____
Gasoline	_____
Maintenance	_____
Insurance	_____
Entertainment and Travel	_____
Medical Insurance	_____
Prescriptions	_____

VI. ASSET TRANSFERS

List all of the assets that you have transferred by gift or into a trust within the past five (5) years. For each transfer, describe the item (i.e., cash, real estate, etc.), the date of the transfer and the value of the item as of the date of transfer.

VII. Other

Do you have:

	<u>Yes</u>	<u>No</u>
A will?	___	___
A Power of Attorney?	___	___
An Advance Directive and/or Health Care Proxy?	___	___
Long Term Care Insurance?	___	___

Is any person for whom you wish to provide disabled?

If so, please identify that person by name and his or her relationship to you and explain the nature of the disability and whether or not any such person is receiving federal or state disability benefits or is collecting under a private disability policy or plan.
