

ELDER LAW & ESTATE PLANNING CENTER

Plan for Tomorrow, Today

Confidential

Client Personal and Financial Intake Form.

Client Name: _____

Date: _____

****If anyone other than the person listed above is completing this form, please indicate your name and relationship here:**

Name: _____ Relationship _____

This form is extremely important.
Your accuracy and completeness in responding will help the Elder Law & Estate Planning Center best represent you.

*Note: This intake form must be **FULLY COMPLETED** and dropped off for review **PRIOR** to your meeting with Attorney. The Elder Law and Estate Planning Center

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INTAKE FORM - SINGLE

Name:		Age:	
<input type="checkbox"/> US Citizen <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Retired <input type="checkbox"/> Employed		Marriage: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Address:		City:	
County:		Zip Code:	
Home Phone:		Email address:	
Cell Phone:			
May we send you appointment reminders via text? <input type="checkbox"/> Yes <input type="checkbox"/> No Email? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Date of Service: __/__/____	
Emergency Contact Information:			
Name:		<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other (Please explain)	
Address:			
Phone:			
Existing Estate Planning			
Please indicate if you have any of the following documents:			State / Year Document Executed
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Health Care Proxy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Safety Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A
Preuptial Agreement/Marital Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Your health status plays an important role in the designing of an estate plan best suited for you and your loved ones.			
Your Current health status		<input type="checkbox"/> Good <input type="checkbox"/> Concern <input type="checkbox"/> Problem – Specific Concern:	

INTAKE FORM - SINGLE

Estate Planning Goals

Rank the following in order of importance for you currently - (1 = Most Important to 5 = Least Important)

- Avoid Probate.
- Protect assets from nursing homes, government, and lawsuits.
- Protect assets for my children, after my death from my children's spouses, creditors, irresponsibility or health issues.
- Ensure I leave detailed instructions for my care during incapacity and for my estate upon my passing.
- Keep estate matters private.

Personal and Family Information

**Please List ALL children, both living, estranged, deceased, etc.
Please list all children regardless of plans to disinherit**

Child #1 Name:	Age:
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ADDRESS:

PHONE NUMBER:

Single Married - Spouse's name: _____ **Children:** None - How many? _____ Ages _____
Special needs considerations: _____

Potential problems/medical or financial hardship/issues: _____

Child #2 Name:	Age:
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ADDRESS:

PHONE NUMBER:

Single Married - Spouse's name: _____ **Children:** None - How many? _____ Ages _____
Special needs considerations: _____

Potential problems/medical or financial hardship/issues: _____

Child #3 Name:	Age:
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ADDRESS:

PHONE NUMBER:

Single Married - Spouse's name: _____ **Children:** None - How many? _____ Ages _____
Special needs considerations: _____

Potential problems/medical or financial hardship/issues: _____

INTAKE FORM - SINGLE

Child #4 Name:	Age:
ADDRESS:	
PHONE NUMBER:	
<input type="checkbox"/> Single <input type="checkbox"/> Married - Spouse's name: Special needs considerations:	Children: <input type="checkbox"/> None - How many? _____ Ages
Potential problems/medical or financial hardship/issues:	

Add below or separate sheet for more children

INTAKE FORM - SINGLE

Detailed Asset Schedule
ASSET INFORMATION AS OF _____ (DATE)
Please provide estimated total amount for each type of assets and who owns each asset

Financial Accounts Name of Bank or Financial Institution	Account type (Checking, Savings)	Who owns the account? (Joint? Individual Name? In name of a Trust?)	Value	Death Beneficiaries? If yes, who are the beneficiaries?
A.			\$	
B.			\$	
C.			\$	
D.			\$	
E.				
F.				

*Additional accounts can be added on the back of this page or attached additional pages to the from.

Retirement Accounts (IRAs, 401k, Annuities) Name of Bank or Financial Institution	Account Type (IRA, Roth IRA, 401K, 403B, SEP, etc.)	Owner	Value	Death Beneficiary(s)? Name of Beneficiaries
A.			\$	
B.			\$	
C.			\$	
D.			\$	
E.			\$	

*Additional accounts can be added on the back of this page or attached additional pages to the from.

Life Insurance (Death benefit and Cash value)	Account Type (Whole life, term, etc.)	Owner	Value Death Beneficiary(s) On Account?
A.			Death Benefit \$ _____
B.			Death Benefit \$ _____

*Additional accounts can be added on the back of this page or attached additional pages to the from.

Long Term Care Insurance (Death benefit and Cash value)	Account Type	Owner	Value Death Beneficiary(s)
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INTAKE FORM - SINGLE

			On Account?
A.			Death Benefit \$ _____
B.			Death Benefit \$ _____

*Additional accounts can be added on the back of this page or attached additional pages to the from.

Real Estate	County/ State	Owner (Joint? Individual Name? In name of a Trust?)	Value
Real estate: Primary Residence			\$
Real estate: Other Real Property			\$
Timeshares/condos/other property			\$
Vehicles (Automobile, motorcycle, boats, snowmobiles, etc.)	Make/Model/Year	Owner (Joint? Individual Name? In name of a Trust?)	Value
A.			\$
B.			\$

OTHER ASSETS NOT LISTED (Personal Effects, paintings, collections etc.)

	TYPE/ Description	TOTAL
	A.	\$
	B.	\$
	C.	\$

LIABILITIES

TYPE	TOTAL
Mortgage	\$
Loans Payable	\$
Other	\$
Total Value	\$

FINANCIAL INFORMATION SHEET

Income information only needed for Asset Protection/Medicaid Planning Clients Only

Source	Description	Monthly Income amount Value
Pension 1		\$
Pension 2		\$
Social Security		\$
Investments		\$
Other		\$

INTAKE FORM - SINGLE

Other issues relevant to You. (Check any/all that apply):

- Estranged Spouse/Ex-Spouse
- Prenuptials or divorce agreements
- Blended Family
- Remarriage Protection
- Disinherit children
- Litigious Children/family members
- Estranged children
- Deceased children
- Ownership of LLCs or business
- Other:
- LLC or Corporation

What is your objective for this consultation?

- Have existing documents reviewed for validity and reliability
- I/we know I/we want to change existing documents and want to discuss how to do that and fees for same
- I/we have no estate plan(s) and want to discuss how to create one and fees for same

Other _____

