



PEACE OF MIND LAW CENTER

GERHARDT LAW OFFICE, PLC

CONFIDENTIAL INFORMATION SHEET

Date of Appointment: _____

Name: _____

Address: _____
Street City State Zip

Telephone Numbers:

Home: _____ Cell: _____

Work: _____ Cell: _____

Email: _____

How did you hear about us? _____

May we send a Thank You card to the person who referred you to us? _____

What is the reason for your visit? _____

Do you have existing legal documents? YES NO **IF YES:**
 WILL TRUST POWER OF ATTORNEY OTHER _____

Do we have a copy of your existing documents? YES NO *(If not, please make arrangements to provide our office with a copy prior to your appointment.)*

Have you consulted any other attorneys regarding this matter? If so, please state name(s):

<p>Office Use Only:</p> <p><input type="checkbox"/> Conflict of Interest Check Done</p> <p><input type="checkbox"/> No Conflicts <input type="checkbox"/> Conflict Found – Report Generated</p>
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Date of Meeting: _____

YOUR INFORMATION

Name: _____ Relationship to Elder/Client: _____

Address: _____

Phone: (C) _____ (W) _____ (H) _____

Email: _____ Preferred Method of Contact: _____

ELDER/CLIENT INFORMATION

Name: _____ Gender: _____ Age: _____ Marital Status: _____

Spouse's Name: _____ Elder a veteran or surviving spouse?: _____

Elder currently employed?: _____ If "yes," where?: _____

Elder currently receiving benefits (e.g. Social Security, pension, annuities)?: _____ If "yes," source and amounts?: _____

Address: _____ Elder living at home?: _____

If "no," which facility?: _____ Beginning when?: _____

Who is paying for care (e.g. self, child, private insurance, Medicaid, etc.)?: _____

Phone: (C) _____ (W) _____ (H) _____

Email: _____ Preferred Method of Contact: _____

Health Concerns and Current Diagnoses: _____

What level of treatment is the elder currently receiving for health concerns?: _____

Is treatment at home or in facility?: _____ If "facility," name?: _____

Is elder receiving home care services?: _____ If "yes," from whom?: _____

Who is paying for the care (e.g. self, private insurance, Long Term Insurance, Medicare, combination of sources)?: _____

Right now, who makes the elder's decisions (e.g. self, spouse, child)?: _____

Is there a power of attorney in place? _____ If "yes," who holds the power to act?: _____

Information Beneficial for Initial Consultation

Names and contact information of children and/or interested parties:

Name: _____ Relationship: _____

Address: _____

Phone number(s): _____ Email: _____

Name: _____ Relationship: _____

Address: _____

Phone number(s): _____ Email: _____

(If additional space is needed, please use reverse side.)

Major Assets and Approximate Values:

Real Estate (state type & tax value): _____

If there is real estate, please provide our office with a copy of the real estate tax bill or assessment or deed prior to your appointment or bring with you to your consultation.

***Bank Accounts:** _____

***Investment Accounts (IRA, 401K, etc.):** _____

Vehicle(s): _____

***Other (Mineral Rights, Stocks, etc., please specify):** _____

**If possible, please provide copies of current account statements to our office prior to your appointment or bring with you to your consultation.*

Relevant Medical Conditions:

___ Alzheimer's

___ Dementia

___ Low vision

___ Arthritis

___ Diabetes

___ Lung disease

___ Asthma

___ Hearing loss

___ Stroke history

___ Cancer (type)

___ Heart disease

___ High blood pressure

___ Other: _____

If you have an outdated will, please provide our office with a copy prior to your appointment or bring a copy with you to your consultation.



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Requested Items

Whenever possible, we ask that you provide copies of the below items to our office for the attorney's review a week prior to your appointment.

1. Copies of any and all existing legal documents, such as Trusts, Wills, Power of Attorneys, etc., even if these documents are outdated.
2. Copies of most recent account statements, including bank accounts, investment accounts, annuities, etc.
3. Copies of real estate tax bill, assessment or copy of recorded deed for any and all real property.

You have the following options for providing them:

- A. You may bring them in to our office
- B. You may mail a copy to 4039 S. Highway 92, Sierra Vista, AZ 85650 (*please allow adequate time for them to be received, it can take up to 5 business days*)
- C. You may fax them to us at 1-520-422-2337
- D. You may provide them electronically by contacting our office, advising your wish to provide them electronically and we will create a secure portal with instructions. We strongly discourage emailing them to us as it is not a secure way to send sensitive information.

If providing the documentation a week prior to your appointment is not possible, please bring them with you **and arrive at least 15 minutes before your scheduled appointment time** to allow for them to be scanned for the Attorney's review.