

**CLIENT INFORMATION**

(MARRIED)

CLIENT NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**HUSBAND FULL NAME:** \_\_\_\_\_

(Print Name as Shown on your Checks)

CELL PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

PREFERRED EMAIL: \_\_\_\_\_

BIRTHDATE (MM/DD/YYYY): \_\_\_\_\_ US CITIZEN?  YES  NO

SOCIAL SECURITY NUMBER: \_\_\_\_\_ VETERAN?  YES  NO

If a Veteran, do you receive Tri Care?  YES  NO

Health Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Supplementary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Prescription Drug Coverage: \_\_\_\_\_ ID#: \_\_\_\_\_

**WIFE FULL NAME:** \_\_\_\_\_

(Print Name as Shown on your Checks)

CELL PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

PREFERRED EMAIL: \_\_\_\_\_

BIRTHDATE (MM/DD/YYYY): \_\_\_\_\_ US CITIZEN?  YES  NO

SOCIAL SECURITY NUMBER: \_\_\_\_\_ VETERAN?  YES  NO

If a Veteran, do you receive Tri Care?  YES  NO

Health Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Supplementary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Prescription Drug Coverage: \_\_\_\_\_ ID#: \_\_\_\_\_

**MONTHLY INCOME:**

*Do not include interest or dividend income.*

HUSBAND	\$ Amount	WIFE	\$ Amount
Social Security		Social Security	
Medicare Part B (deduct)		Medicare Part B (deduct)	
Medicare Part D (deduct)		Medicare Part D (deduct)	
Pension		Pension	
Annuity		Annuity	
Veteran Disability		Veteran Disability	
Rental Income		Rental Income	
<b>TOTAL:</b>		<b>TOTAL:</b>	

**PRIMARY CONTACT INFORMATION:**

CLIENT NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

RELATIONSHIP TO CLIENT: \_\_\_\_\_

**CHILDREN'S INFORMATION:**

CHILD #1 NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

BIRTHDATE (MM/DD/YYYY): \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

RELATIONSHIP TO CLIENTS: (Please Check)

HUSBAND:             Natural Child             Adopted             Step-Child             Other: \_\_\_\_\_

WIFE:                 Natural Child             Adopted             Step-Child             Other: \_\_\_\_\_

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CHILD #2 NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

BIRTHDATE (MM/DD/YYYY): \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

RELATIONSHIP TO CLIENTS: (Please Check)

HUSBAND:             Natural Child             Adopted             Step-Child             Other: \_\_\_\_\_

WIFE:                 Natural Child             Adopted             Step-Child             Other: \_\_\_\_\_

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CHILD #3 NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

BIRTHDATE (MM/DD/YYYY): \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

RELATIONSHIP TO CLIENTS: (Please Check)

HUSBAND:             Natural Child             Adopted             Step-Child             Other: \_\_\_\_\_

WIFE:                 Natural Child             Adopted             Step-Child             Other: \_\_\_\_\_

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CHILD #4 NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

BIRTHDATE (MM/DD/YYYY): \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

RELATIONSHIP TO CLIENTS: (Please Check)

HUSBAND:             Natural Child             Adopted             Step-Child             Other: \_\_\_\_\_

WIFE:                 Natural Child             Adopted             Step-Child             Other: \_\_\_\_\_

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CHILD'S #5 NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

BIRTHDATE (MM/DD/YYYY): \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

RELATIONSHIP TO CLIENTS: (Please Check)

HUSBAND:             Natural Child             Adopted             Step-Child             Other: \_\_\_\_\_

WIFE:                 Natural Child             Adopted             Step-Child             Other: \_\_\_\_\_

**FACILITY INFORMATION:**

If client is currently residing in a healthcare facility, please provide the following:

NAME OF FACILITY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ ROOM NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FACILITY CONTACT: \_\_\_\_\_

Facility is currently paid through the end of \_\_\_\_\_ Monthly Charges: \$ \_\_\_\_\_  
(DATE)

**REFERRAL INFORMATION:**

If you were referred to our office, please provide the following:

NAME of REFERRAL SOURCE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Was referral the following? (Please Circle):

Former Client  Attorney  Physician  Social Worker  Other: \_\_\_\_\_

**PHYSICIAN INFORMATION:**

**HUSBAND:**

PRIMARY CARE PHYSICIAN: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**WIFE:**

PRIMARY CARE PHYSICIAN: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**ASSETS**

(What you own as of today)

Type of Account	Name of Account	Bank Name	Account Number	Balances
Check/Sav/Money				\$
Check/Sav/Money				\$
Check/Sav/Money				\$
CD/US Bond				\$
CD/US Bond				\$
IFT Accounts				\$
IFT Accounts				\$
Stock/Bond/Mutual				\$
Stock/Bond/Mutual				\$
Stock/Bond/Mutual				\$
IRA/Annuity/Pens				\$
IRA/Annuity/Pens				\$
Residence				\$
Other Real Estate				\$
Life Insurance				\$
Life Insurance				\$
Cem/Funeral				\$
Cem/Funeral				\$
Other				\$
Other				\$
Other				\$

(Please use additional pages if needed)

**LIABILITIES**

(What you owe as of today)

Type of Liability	To Whom Owed	Date Incurred	Present Balance

**GIFTS WITHIN THE PAST 5 YEARS**

(Things you transferred and did not get fair value in returns)

Type of Asset	To Whom Transferred	Date Transferred	Amount of Transfer