

CLIENT INFORMATION

(SINGLE)

CLIENT NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ EMAIL: _____

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.*

CLIENT	\$ Amount
Social Security	
Medicare Part B (deduct)	
Medicare Part D (deduct)	
Pension	
Annuity	
Veteran Disability	
Rental Income	
TOTAL:	

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: _____

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: _____

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: _____

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: _____

CHILD #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:

PRIMARY CARE PHYSICIAN: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

ASSETS

(What you own as of today - Please use additional pages, if needed.)

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				\$

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