

**◆ CONFIDENTIAL CONSULTATION QUESTIONNAIRE ◆**  
**IF ASSISTANCE IS NEEDED TO COMPLETE THE FORM, PLEASE CALL OUR OFFICE.**

**PART ONE**

**PERSONAL INFORMATION**

<b>CLIENT INFORMATION</b>		
	<b>HUSBAND</b>	<b>WIFE</b>
Full Legal Name		
Age / Date of Birth		
Where were you born?		
Home Street Address		
County of Residence		
Home Telephone		
Business Telephone / Fax		
Cell Telephone		
E-Mail		

<b>MARITAL INFORMATION</b>		
	<b>HUSBAND</b>	<b>WIFE</b>
Date of Marriage		
Where Married		
Which Number Marriage is this for you?		
Have you ever signed a pre- or post-marriage contract?		

## IMPORTANT FAMILY QUESTIONS

(CIRCLE "YES" OR "NO" FOR YOUR ANSWER. EXPLAIN BELOW "YES" ANSWERS. PLEASE USE ADDITIONAL PAGES IF NECESSARY)	HUSBAND		WIFE	
1. DO YOU HAVE ANY CHILDREN OR GRANDCHILDREN WITH DISABILITY(IES)?				
2. DO YOU OR ANY OF YOUR CHILDREN RECEIVE GOVERNMENTAL SUPPORT OR BENEFITS?				
3. DO ANY OF YOUR CHILDREN OR GRANDCHILDREN HAVE SPECIAL EDUCATIONAL, MEDICAL, OR PHYSICAL NEEDS?				
4. IS ANY MEMBER OF YOUR FAMILY INSTITUTIONALIZED?				
5. ARE ANY OF YOUR CHILDREN OR GRANDCHILDREN IN THE PROCESS OF, OR LIKELY TO BE GETTING A DIVORCE? IN SERIOUS CREDIT TROUBLE? PROBLEMS MANAGING MONEY ?				
6. ARE YOU A VETERAN?				
7. ARE YOU A UNITED STATES CITIZEN?				

## PERSONAL PLANNING INFORMATION

◆ IF YOU HAVE THE FOLLOWING DOCUMENTS, IT IS IMPERATIVE THAT YOU BRING A COPY TO THE MEETING ◆

DOCUMENT	STATE	DATE
LAST WILL AND TESTAMENT		
CODICIL		
DURABLE POWER OF ATTORNEY		
LIVING WILL		
HEALTH CARE POWER		
LIVING TRUST		
PREMARITAL AGREEMENTS		

## LONG-TERM CARE (NURSING HOME) INSURANCE

INSURANCE CARRIER/POLICY NUMBER	INSURED	TYPE OF INSURANCE	DAILY BENEFIT AND TERM (for nursing home insurance)

# PART TWO

## CHILDREN

*Beginning with the oldest*

<b>CHILD</b>			
<input type="checkbox"/> Natural or Legally Adopted <input type="checkbox"/>		<input type="checkbox"/> Husband's <input type="checkbox"/> Wife's <input type="checkbox"/> Both	
Full Legal Name			
Birth date		Age	
Address			
City, State, Zip			
Child's Spouse's name		Telephone Number	
Children (your grandchildren)	Name		Age
Any special needs or considerations or other comment about this family			

<b>CHILD</b>			
<input type="checkbox"/> Natural or Legally Adopted <input type="checkbox"/>		<input type="checkbox"/> Husband's <input type="checkbox"/> Wife's <input type="checkbox"/> Both	
Full Legal Name			
Birth date		Age	
Address			
City, State, Zip			
Child's Spouse's name		Telephone Number	
Children (your grandchildren)	Name		Age
Any special needs or considerations or other comment about this family			

<b>CHILD</b>			
◆ Natural or Legally Adopted ◆		<input type="checkbox"/> Husband's <input type="checkbox"/> Wife's <input type="checkbox"/> Both	
<b>Full Legal Name</b>			
<b>Birth date</b>		<b>Age</b>	
<b>Address</b>			
<b>City, State, Zip</b>			
<b>Child's Spouse's name</b>		<b>Telephone Number</b>	
<b>Children (your grandchildren)</b>	<b>Name</b>	<b>Age</b>	
<b>Any special needs or considerations or other comment about this family</b>			

<b>CHILD</b>			
◆ Natural or Legally Adopted ◆		<input type="checkbox"/> Husband's <input type="checkbox"/> Wife's <input type="checkbox"/> Both	
<b>Full Legal Name</b>			
<b>Birth date</b>		<b>Age</b>	
<b>Address</b>			
<b>City, State, Zip</b>			
<b>Child's Spouse's name</b>		<b>Telephone Number</b>	
<b>Children (your grandchildren)</b>	<b>Name</b>	<b>Age</b>	
<b>Any special needs or considerations or other comment about this family</b>			

**PART THREE**  
**FINANCIAL PLANNING INFORMATION**

<b>GROSS MONTHLY INCOME</b>			
	HUSBAND	WIFE	JOINT
<b>Social Security</b>	Gross: \$ _____ Medicare Ded: \$ _____ Net: \$ _____	Gross: \$ _____ Medicare Ded: \$ _____ Net: \$ _____	
<b>Employment</b>	\$	\$	
<b>Pension (Include any deductions)</b>	From:	From	
	Gross:	Gross:	
	Deductions:	Deductions	
	Net:	Net:	
<b>Pension (Include any deductions)</b>	From:	From	
	Gross:	Gross:	
	Deductions:	Deductions	
	Net:	Net:	
<b>IRAs</b>	Distribution: \$ _____	Distribution: \$ _____	
<b>Annuities</b>	From:	From	
	Gross:	Gross:	
	Deductions:	Deductions	
	Net:	Net:	
<b>Annuities (Cont'd)</b>	From:	From	
	Gross:	Gross:	
	Deductions:	Deductions	
	Net:	Net:	
<b>Interest on Bank Accounts, Savings Accounts, CDs</b>	\$	\$	\$
<b>Dividends on Stocks and Bonds</b>	\$	\$	\$
<b>Other (Rents, etc.)</b>	\$	\$	\$
<b>TOTALS</b>	\$	\$	\$

Which sources of income have a benefit for a surviving spouse? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ASSETS

ASSETS				
ASSETS	HUSBAND	WIFE	JOINT	LIABILITIES
PERSONAL EFFECTS				
AUTOMOBILE				
BUSINESS INTERESTS				
CHECKING ACCOUNT				
SAVINGS ACCOUNT				
MONEY MARKET ACCOUNT				
CERTIFICATES OF DEPOSIT				
LIFE INSURANCE - FACE VALUE				
LIFE INSURANCE - CASH VALUE				
RESIDENCE				
OTHER REAL ESTATE				
MUTUAL FUNDS				
STOCKS				
BONDS				
ANNUITIES				
IRA, 401K				
OTHER				
OTHER				
OTHER				
<b>TOTALS</b>				

Notes for Attorney:

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Please return the Questionnaire to us in advance or bring it with you to your appointment.

Email to: [advocates@wiesnerlaw.com](mailto:advocates@wiesnerlaw.com)

Fax to: 941-365-4479