

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

PART ONE

PERSONAL INFORMATION

CLIENT INFORMATION	
	CLIENT
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	

PERSONAL PLANNING INFORMATION		
◆ IF YOU HAVE THE FOLLOWING DOCUMENTS, IT IS <u>IMPERATIVE</u> THAT YOU BRING A COPY TO THE MEETING ◆		
DOCUMENT	STATE	DATE
LAST WILL AND TESTAMENT		
DURABLE POWER OF ATTORNEY		
LIVING WILL		
HEALTH CARE POWER		
LIVING TRUST		

IMPORTANT FAMILY QUESTIONS

(CIRCLE "YES" OR "NO" FOR YOUR ANSWER. EXPLAIN BELOW "YES" ANSWERS. PLEASE USE ADDITIONAL PAGES IF NECESSARY)

1. DO YOU HAVE ANY CHILDREN OR GRANDCHILDREN WITH DISABILITY(IES)?	Y	
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?		

Notes for Attorney:

PART TWO

CHILDREN

Beginning with the oldest

CHILD			
◆ Natural or Legally Adopted ◆			
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			

CHILD			
◆ Natural or Legally Adopted ◆			
Full Legal Name			
Birth date		Age	
Address			
City, State, Zip			
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◆ Natural or Legally Adopted ◆

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CHILD
◆ Natural or Legally Adopted ◆

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			

PART THREE
FINANCIAL PLANNING INFORMATION

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

ASSETS

ASSETS	VALUE	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		
TOTALS		

Please return the Questionnaire to us at least two days in advance of your consultation. This will give the attorney an opportunity to review it and more can be accomplish during your meeting. If you are unable to return the Questionnaire in advance, please bring it with you to your appointment.

Mail to our office at: Advocates in Aging 328 North Rhodes Ave. Sarasota, FL 34237
 Scan and Email to: advocates@wiesnerlaw.com
 Fax to: 941-365-4479