QUESTIONNAIRE FOR ELDER LAW

This questionnaire is intended to help us provide you with the best possible legal service and advice. Please attempt to complete as much of this questionnaire as possible before your consultation. This will ensure our time together will provide you the most beneficial planning for your situation. If the question does not apply to you, please indicate “N/A.” The information you provide is held in strict confidence.

# Part I: General Information

 **PERSON NEEDING ASSISTANCE** **SPOUSE (if applicable)**

|  |  |  |
| --- | --- | --- |
| Full Legal Name  |  |  |
| Other name or nickname known by, if any: |  |  |
| Marital Status: | □ Married □ Divorced □ Widowed □ Single |  |
| Home Address: |  |  |
| Date began occupying your home: |  |  |
| County of Residence: |  |  |
| Home Telephone Number: |  |  |
| E-mail address: |  |  |
| Cell Phone Number: |  |  |
| Date of Birth: |  |  |
| Social Security Number: |  |  |
| Occupation: |  |  |
| Name of Employer, if any; Note if Self-employed and Name of Business: |  |  |
| Business Telephone Number: |  |  |

# Part II: Client Information If Not Applicant

|  |  |
| --- | --- |
| Your Full Name:  |  |
| Address: |  |
| Home Telephone No.: |  |
| Cell Telephone No.: |  |
| Work Telephone No.: |  |
| E-mail address: |  |

# Part III: Family Information

**Please list your children, if any:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Address and Phone Number** | **Birthday** | **Note (1) if both Husband and Wife’s child; (2) if only Husband’s child; or (3) if only Wife’s child** | **Sex****Male/****Female** | **Adopted?** | **Deceased?****Date Deceased** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  | Do you have any children with disabilities or special needs? If so, please explain: |

**Please list your grandchildren, if any:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Address and Phone Number** | **Birthday** | **Whose Child?** | **Sex****Male/Female** | **Adopted?** | **Deceased?** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Do you have any grandchildren with disabilities or special needs? If so, please explain: |

**Please list your great-grandchildren, if any:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Address and Phone Number** | **Birthday** | **Whose Child?** | **Sex****Male/Female** | **Adopted?** | **Deceased?** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Do you have any great-grandchildren with disabilities or special needs? If so, please explain: |

# Part IV: Marital Situation, Military Service and Citizenship

 **YOURSELF** **SPOUSE**

|  |  |
| --- | --- |
| Date you were married. |  |
| Have either of you entered into any pre-marital or post-marital agreement affecting your rights in each other’s property?  |  |  |
| Have you been married before? |  |  |
| Name(s) of former spouse(s): |  |  |
| List any children of the former marriage: |  |  |
| List any children outside of marriage: |  |  |
| Please describe any alimony or child support you are obligated to pay or entitled to receive: |  |  |
| Military Service |  |
| Have either of you ever served in the military? |  |  |
| Citizenship |  |
| List each country of citizenship: |  |  |

# Part IV: Information About Applicant’s Income and Assets

Please put an estimated value on each asset owned by Medicaid recipient and spouse and indicate which of you owns the asset by listing it in the appropriate column.

# Income

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Source****(Name of Payor)** | **To Applicant** |  **To Spouse** | **Other** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Assets

|  |  |  |  |
| --- | --- | --- | --- |
| **Assets** | **Owned by Applicant** | **Owned by Spouse** | **Owned Jointly** |
| Home |  |  |  |
| Vacation Home  |  |  |  |
| Other Real Estate |  |  |  |
| Other Real Estate |  |  |  |
| Checking Accounts |  |  |  |
| SavingsAccounts  |  |  |  |
| CertificatesOf Deposit |  |  |  |
| Money Market  |  |  |  |
| Mutual Funds  |  |  |  |
| Securities  |  |  |  |
| Royalties |  |  |  |
| Life Insurance (type) |  |  |  |
| Furniture  |  |  |  |
| Vehicles |  |  |  |
| Annuities  |  |  |  |
| Jewelry |  |  |  |
| Collectibles |  |  |  |
| IRAs |  |  |  |
| 401(k) orKeogh |  |  |  |
| Other  |  |  |  |
| Retirement Plans |  |  |  |
| Closely-HeldStock |  |  |  |
| Other Assets |  |  |  |
| **TOTAL**  |  |  |  |

LIABILITIES

|  |  |  |  |
| --- | --- | --- | --- |
| **Liabilities** | **Of Husband**  | **Of Wife** | **Joint** |
| Home Mortgage |  |  |  |
| Other Mortgage |  |  |  |
| Other Mortgage |  |  |  |
| Auto Loans |  |  |  |
| Other debt |  |  |  |
| Other debt |  |  |  |
| Other debt |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL**  |  |  |  |
| **NET WORTH**  |  |  |  |
| Please list all real property owned by either of you, if there are any other owners and how ownership in that property is held: (We may ask you to provide a copy of the deeds for any real estate you currently own.) |  |
| Are any of your debts insured? If yes, which ones? |  |
| Have either of you ever filed a federal gift tax return?If yes, what was the total amount of gift tax paid:*(We may ask you to provide a copy of each such return.)* |  |
| By Husband:By Wife: |  |
| Have either of you ever established any trusts?If yes, please explain:What is the current value of the assets placed in each trust?*(We may ask you to provide a copy of the trust documents.)* |  |
| Is either of you the current or prospective beneficiary or trustee under a trust instrument established by any other person?If yes, please explain: |  |
| Is either of you the owner of any oil and gas exploration interests?If yes, please describe them:*(We may ask you to provide a copy of any available documentation, such as mineral deeds or* division order.)  |  |
| *Are either of you involved in a closely held business?**If yes, what is its name and address?* *How is it organized (i.e., proprietorship, partnership, corporation, etc.)?* *Name all the owners of the business and ownership percentage:* |  |
| Do you have an accountant?If yes, please list name, address and phone: |  |
| Do you have an investment advisor or financial planner?If yes, please list name, address and phone number: |  |
| Other information that you believe I should know: |  |

How did you hear about our firm? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of person completing this Questionnaire:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this questionnaire. Please send it to deanlawfirm@juliadeanlaw.com or fax to (281) 277-1534 prior to your appointment.

The Dean Law Firm, PLLC

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