THE WEEKS GROUP - ESTATE PLANNING & ELDER LAW FIRM

Client Information

First Meeting Intake

OFFICE USE	Consultation date: _____	Prepared by: _____	Matter no.: _____

How to complete this form — You can fill this out yourself, before or at your first meeting; no legal decisions are needed here, just your and your family's contact details. Use a pen and print clearly. For yes/no or multiple-choice items, mark exactly one box with a dark X. This form is scanned, so dark ink and firm marks read best.

SECTION 1 You

Full legal name _____

Date of birth _____

Address _____

City _____

State _____

ZIP _____

Phone _____

Email _____

Gender (tick one) [ ] Male [ ] Female [ ] Other

SECTION 2 Spouse

[ ] Not applicable — I am not married / this is an individual plan

Full legal name _____

Date of birth _____

Gender (tick one) [ ] Male [ ] Female [ ] Other

[ ] Same address as me — if so, skip the next four lines

Address _____

City _____

State _____

ZIP _____

Phone _____

Email _____

SECTION 3 Children

List every child, even adult children living elsewhere — their contact info saves a step later if they end up named as a trustee or beneficiary.

Child 1

Full legal name _____

Relationship (tick one) [ ] Son [ ] Daughter [ ] Other:_____

Parent(s) (tick one) [ ] Both of us [ ] Me only (my spouse's stepchild) [ ] My spouse only (my stepchild)

[ ] Child 1 has special needs

Date of birth _____

Phone _____

Email _____

Street address _____

City _____ State _____ ZIP _____

Child 2

Full legal name _____

Relationship (tick one) [ ] Son [ ] Daughter [ ] Other:_____

Parent(s) (tick one) [ ] Both of us [ ] Me only (my spouse's stepchild) [ ] My spouse only (my stepchild)

[ ] Child 2 has special needs

Date of birth _____

Phone _____

Email _____

Street address _____

City _____ State _____ ZIP _____

Child 3

Full legal name _____

Relationship (tick one) [ ] Son [ ] Daughter [ ] Other:_____

Parent(s) (tick one) [ ] Both of us [ ] Me only (my spouse's stepchild) [ ] My spouse only (my stepchild)

[ ] Child 3 has special needs

Date of birth _____

Phone _____

Email _____

Street address _____

City _____ State _____ ZIP _____

More than 3 children? Attach an extra page at the very end of this packet, behind Section 4 below, with the same details for each additional child.

SECTION 4 Other Important Contacts (optional)

Anyone else you might later name as a trustee, agent, or beneficiary — a sibling, close friend, etc. Having their info now saves re-collecting it at your planning meeting.

Contact 1

Full name _____

Relationship to you _____

Phone _____ Email _____
Street address _____
City _____ State _____ ZIP _____

Contact 2

Full name _____

Relationship to you _____

Phone _____ Email _____
Street address _____
City _____ State _____ ZIP _____

Contact 3

Full name _____

Relationship to you _____

Phone _____ Email _____
Street address _____
City _____ State _____ ZIP _____

SECTION 5 Asset Information

a) Real Estate

Description & Location	Titled in whose name	Purchase Price	Value	Mortgage	Equity

b) Titled Personal Property (such as a vehicle, boat, trailer, etc.)

Year, Make, and Model	Name on Title, TOD	Purchase Price	Value	Loans	Equity

c) Checking Account

Name of Institution	Titled in whose name	POD Beneficiary	Approx. Balance

d) Interest Bearing Accounts (Savings, Money Market) or Certificates of Deposit (CD)

Name of Institution	Titled in whose name	POD Beneficiary	Approx. Balance

e) Investment Accounts such as Stocks, Bonds, Mutual Funds (not part of an IRA, 401(k), etc.)

#Shares	Description	Broker	Titled in whose name	Purchase Price	Current Value

f) Retirement Savings Accounts (IRA, 401(k), Profit Sharing)

Description	Name of Institution	Titled in whose name	Beneficiary	Approx. Balance

g) Annuities

Description	Name of Institution	Titled in whose name	Beneficiary	Qualified (IRA)?	Approx. Balance

h) Life Insurance

Name of Company	Owner	Insured Life (usually = owner)	Beneficiaries	Death Benefit	Cash Value

i) Long Term Care Insurance

Name of Company	Owner	Monthly Cap	Total Cap	Elimination Period	Death Benefit & Beneficiary	Monthly Premium

j) Business Interests (a business owned, such as an LLC, Partnership, etc.)

Description	Type of Ownership	Purchase Price	Current Value

k) Loans Given (money that somebody owes you)

Description	Approximate Value

l) Special Items of value (such as coin collections, antiques, jewelry, etc.)

Description	Approximate Value

n) Unsecured Debt: Money you owe besides mortgage or car loan, such as credit card or personal loans

Description	Approximate Balance

o) Gifts and significant transactions within the last five years:
Has anyone in your home sold or given away any money, vehicles, property, or any other resources?

Description	Approximate Value

Do you have a safe deposit box? Yes ☐ No ☐

SECTION 5 Income and Expenses

a) Income

Source (Job, Soc. Security, IRA, etc.)	Recipient	Amount

b) Home Expenses

Expense (rent, utilities, etc.)	Frequency	Amount

c) Long Term Care Cost (if applicable)

Name and Location	Level of Care (Independent living, Assisted Living, Skilled Nursing)	Who lives there	Monthly Cost

d) Other Large Medical Expenses

Type of Expense	Frequency	Amount

SECTION 6 Beneficiaries

a) Beneficiaries / Heirs

Name of Person / Organization	Relationship (if Person) Address (if Organization)	Share / Percentage

b) Special Gifts

Name of Person / Organization	Relationship (if Person) Address (if Organization)	Description of the Gift (Amount of money, specific item)

e) Special Care Beneficiaries

Does anyone (aging parents, disabled child) require special care? Do they receive government benefits?
Is there somebody else to provide for who is not related to you (significant other, special friend, pet, etc.)?

Name	Age	Relationship	Explanation

f) Alternate Beneficiaries

Who do you want to receive your estate if you (and your spouse) outlive the Beneficiaries named above?

Name of Person / Organization	Relationship (if Person) Address (if Organization)	Amount / Percentage

c) Inheriting Instructions

Should Beneficiaries receive their inheritance in installments, at certain ages, or all at once?

g) Disinheriting

Any relatives you specifically do not want to receive anything from your estate

SECTION 7 Health Care

a) Health Insurance and Supplemental Coverage

Insurance Provider	Type of Coverage	Insured	Monthly Premium

b) Keeping/Selling Assets

If it becomes necessary to sell assets to pay for care, are there certain items you prefer to be sold first? Any potential buyers to be contacted? Certain it you prefer not be sold unless absolutely necessary?

SECTION 8 Questions You Want To Ask Your Attorney About Your Estate Plan