

**BLUEGRASS ELDERLAW, PLLC
NEW CLIENT INTAKE**

Date: _____

Office File #: _____

Referred To Our Firm By:

I. Client

Name: _____

First

Middle

Maiden

Last

Address: _____

(Street, City, State, County, Zip)

Phone Number (1): Home Cell _____

Phone Number (2): Home Cell _____

Email Address: _____

No Email

Date of Birth: _____ Age: _____ Place of Birth: _____

(City, State)

SSN: _____

Veteran: Yes No Dates of Service: _____

Currently Employed: Yes No Current/Former Occupation: _____

Currently Married: Yes No Date of Marriage: _____

Place of Marriage: _____

(City, County, State)

Previous Marriages: Yes No Number: _____ If so how did it/they end? Divorce Death

Date: _____

ID:

II. Spousal Information:

Not Applicable

Spouse Name: _____
First Middle Maiden Last

Address:

Same as Client

(Street, City, State, County, Zip)

Phone Number (1): Home Cell _____

Phone Number (2): Home Cell _____

Email Address: _____

No Email

Date of Birth: _____ Age: _____ Place of Birth: _____

(City, State)

SSN: _____

Veteran: Yes No Dates of Service: _____

Currently Employed: Yes No Occupation: _____

Previous Marriages: Yes No Number: _____ If so how did it/they end? Divorce Death

ID:

CLIENT: _____

DATE: _____

PRIMARY CONTACT (POA or next of kin): _____

RELATIONSHIP (To Client): _____

ADDRESS: _____

CITY, STATE, COUNTY, ZIP: _____

1ST PHONE: _____

2ND PHONE: _____

E-MAIL: _____

CLIENT: _____

Next of Kin – Parents (if living), children, siblings

Full Name: _____

Relationship: _____

Date of Birth: _____ Age: _____ Disabled: _____

Address: _____

City, State, Zip

Children's Names & Ages: _____

Full Name: _____

Relationship: _____

Date of Birth: _____ Age: _____ Disabled: _____

Address: _____

City, State, Zip

Children's Names & Ages: _____

Full Name: _____

Relationship: _____

Date of Birth: _____ Age: _____ Disabled: _____

Address: _____

Children's Names & Ages: _____

Full Name: _____

Relationship: _____

Date of Birth: _____ Age: _____ Disabled: _____

Address: _____

City, State, Zip

Children's Names & Ages: _____

INCOME AND EXPENSES

CLIENT'S INCOME:

Income: _____ Retirement
 Current

SSA: \$ _____

ANNUITY: \$ _____

INVESTMENT INCOME: \$ _____

REQUIRED MINIMUM DISTRIBUTION: \$ _____

OTHER INCOME: \$ _____

SPOUSE'S INCOME:

Income: _____ Retirement
 Current

SSA: \$ _____

ANNUITY: \$ _____

INVESTMENT INCOME: \$ _____

REQUIRED MINIMUM DISTRIBUTION: \$ _____

OTHER INCOME: \$ _____

HEALTH INSURANCE:

PRIMARY: _____ MEDICARE: YES NO

SECONDARY HEALTH COVERAGE: _____ MEDICAID: YES NO

OTHER: _____ PERSCRIPTION HEALTH COVERAGE: YES NO

DEBT:

AMOUNT: \$ _____

AMOUNT: \$ _____

FINANCIAL INFORMATION & ASSETS

REAL ESTATE

Address: _____ City: _____ County: _____ State: _____

Value: _____ Mortgage: _____ Line of Credit: _____

Title: _____ Joint with Right of Survivorship Yes No

Address: _____ City: _____ County: _____ State: _____

Value: _____ Mortgage: _____ Line of Credit: _____

Title: _____ Joint with Right of Survivorship Yes No

VEHICLES

Make/Model/Year: _____

Title: _____ Value: _____

Make/Model/Year: _____

Title: _____ Value: _____

BANKING

Name of Institution: _____ POD: Yes: _____
beneficiary

No

Name on Account: _____ Type: _____ Value: _____

Name of Institution: _____ POD: Yes: _____
beneficiary

No

Name on Account: _____ Type: _____ Value: _____

Name of Institution: _____ POD: Yes: _____
beneficiary

No

Name on Account: _____ Type: _____ Value: _____

INVESTMENT ASSETS

Type: _____ Title: _____ Value: _____

Where held: _____ Beneficiaries: _____

Contingent Beneficiaries: Yes No _____

Type: _____ Title: _____ Value: _____

Where held: _____ Beneficiaries: _____

Contingent Beneficiaries: Yes No _____

Type: _____ Title: _____ Value: _____

Where held: _____ Beneficiaries: _____

Contingent Beneficiaries: Yes No _____

LIFE INSURANCE POLICIES

Company: _____ Owner: _____ Whole Life or Term

Cash Surrender Value: \$ _____ Face Value: \$ _____

Beneficiaries: Yes No _____
(Names)

Contingent Beneficiaries: Yes No _____
(Names)

Company: _____ Title: _____ Value: _____

Cash Surrender Value: \$ _____ Face Value: \$ _____

Beneficiaries: Yes No _____
(Names)

Contingent Beneficiaries: Yes No _____
(Names)

•NAME OF ACCOUNTANT/FINANCIAL PLANNER: _____

•GIFTED ASSET IN THE LAST 5 YEARS? Y / N •BUSINESS ASSETS: Y / N

•PURCHASED FUNERAL? CLIENT: Y / N SPOUSE: Y / N

•LONG TERM CARE INSURANCE? CLIENT: Y / N SPOUSE: Y / N

•PRENUPTIAL AGREEMENT? YES NO N/A