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(For Office Use Only)

CONFIDENTIAL INFORMATION

Section One: Personal Information

Please complete all blanks; use "not applicable" or "N/A" if appropriate

NAME OF DISABLED INDIVIDUAL: _____
(First) (Middle) (Last)

HOME ADDRESS: _____
(Street Address)

(City) (County) (State) (Zip Code)

RESIDENCE ADDRESS: _____
(If different from home address) (Name of Facility and Street Address)

(City) (County) (State) (Zip Code)

HOME PHONE: _____ SS#: _____

NAME OF EMPLOYER / FORMER EMPLOYER: _____

ADDRESS OF EMPLOYER: _____
(Street Address)

(City) (County) (State) (Zip Code)

AGE: _____ DATE OF BIRTH: _____ PLACE: _____ MARITAL STATUS: _____

DATE DISABILITY BEGAN: _____ VETERAN? _____

SPOUSE: _____
(First) (Middle) (Last)

RESIDENCE ADDRESS: _____
(Street Address)

(City) (County) (State) (Zip Code)

HOME PHONE: _____ WORK PHONE: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____
(Street Address)

(City) (County) (State) (Zip Code)

AGE: _____ DATE OF BIRTH: _____ PLACE: _____ MARITAL STATUS: _____

IF DECEASED, DATE OF DEATH: _____ VETERAN? _____

Section Two: Family Information

PARENT OR GUARDIAN NAME: _____
(First) (Middle) (Last)

RESIDENCE ADDRESS: _____
(Street Address)

(City) (County) (State) (Zip Code)

HOME PHONE: _____ WORK PHONE: _____

E-MAIL: _____ SS#: _____ VETERAN? _____

NAME OF EMPLOYER / FORMER EMPLOYER: _____

ADDRESS OF EMPLOYER: _____
(Street Address)

(City) (County) (State) (Zip Code)

AGE: _____ DATE OF BIRTH: _____ PLACE: _____ MARITAL STATUS: _____

SPOUSE: _____
(First) (Middle) (Last)

SS#: _____ DRIVER'S LIC. # (State): _____

NAME OF EMPLOYER / FORMER EMPLOYER: _____

ADDRESS OF EMPLOYER: _____
(Street Address)

(City) (County) (State) (Zip Code)

WORK PHONE: _____ VETERAN? _____

AGE: _____ DATE OF BIRTH: _____ PLACE: _____ MARITAL STATUS: _____

SIBLINGS: NAME: _____ AGE: _____ LIVE WITH PARENTS? _____

NAME: _____ AGE: _____ LIVE WITH PARENTS? _____

NAME: _____ AGE: _____ LIVE WITH PARENTS? _____

NAME: _____ AGE: _____ LIVE WITH PARENTS? _____

Nature of legal advice you are seeking: _____

How did you learn about our office? _____

Signed (Parent, Guardian, or Trustee)

Date

Section Three: Financial Information (page 2 of 2)

C. Vehicles

1. Make/Year: _____ Market value: \$ _____
Name(s) on Title: _____
2. Make/Year: _____ Market value: \$ _____
Name(s) on Title: _____

D. Bank Accounts (if joint, list names on separate sheet, by number)

	Beneficiary	Parent or Spouse
1. <i>Checking</i> ; Avg. Balance: _____ Bank: _____	\$ _____	
2. <i>Checking</i> ; Avg. Balance: _____ Bank: _____		\$ _____
3. <i>Savings</i> ; Balance: _____ Bank: _____	\$ _____	
4. <i>Savings</i> ; Balance: _____ Bank: _____		\$ _____
5. <i>Other Accounts</i> ; Value: _____ Bank: _____	\$ _____	
6. <i>Other Accounts</i> ; Value: _____ Bank: _____		\$ _____

E. Investments

Investment or Securities Account	\$ _____	\$ _____
Stocks and Bonds	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
Pension Fund	\$ _____	\$ _____
IRA/SEP Account	\$ _____	\$ _____
Notes Receivable	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____

F. Present Value of Assets

\$ _____

Have any gifts been made in the past 36 months? _____

(attach additional sheets as necessary)