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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#: \_\_\_\_\_ DRIVER'S LIC. # (State): \_\_\_\_\_

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**

SN

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



**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 60 months? \_\_\_\_\_

(attach additional sheets as necessary)