

# Intake Form



Please answer the following questions as best you can. If you get stuck on any questions, just leave them blank. You can discuss your questions during your appointment with Attorney Jackson. If you need more room for any of the sections, feel free to use the last sheet of paper included with this form.

When you are finished with the form, you may either:

- e-mail it to Attorney Jackson at: **kgj@jlawma.com**
- mail it to Attorney Jackson at: **573 Northampton St., Holyoke, MA 01040**

[Click here for an Introduction Video](#)

\_\_\_\_\_  
Today's Date

**Are you an existing client?**     Yes     No

**How did you find us?** \_\_\_\_\_

## Your Information:

First Name:	Nickname:
Last Name:	Middle Initial:
Age:	Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home
Cell Phone:	Home Phone:
Are you a U.S. Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Veteran?: <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail Address:	
Street Address:	
City:	State:
Zip Code:	County:
Mailing Address (if different):	
Occupation:	Retired?: <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what was your occupation before retirement?:	
Are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Divorced	
<b>NOTE: If you have a spouse or domestic partner, you only need to fill out one (1) intake form.</b>	
If married, date of marriage:	
Are you a widow(er)?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, spouse's Name and date of death:	

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## Spouse/Partner Information:

This person is my (please circle one):      Spouse / Partner

First Name:	Nickname:
Last Name:	Middle Initial:
Age:	Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home
Cell Phone:	Home Phone:
Are they a U.S. Citizen?:	Are they a U.S. Veteran?:
E-mail Address:	
Street Address: <input type="checkbox"/> Same as above	
City:	State:
Zip Code:	County:
Mailing Address (if different):	
Occupation:	Retired?: <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what was their occupation before retirement?:	

## Special Needs Information or Significant Health Issues:

Do you or any of your family member(s) have special needs or significant health issues?  
If yes, please briefly describe:

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## Document Request(s):

Please mark the box for each of the documents you, or your spouse, have previously signed; and, **provide us with copies.**

	<u>Health Care Proxy</u>	<u>Advance Directive</u>	<u>HIPAA Release</u>	<u>Durable Power of Attorney</u>	<u>Will</u>	<u>Trust</u>
You						
Spouse						

# Intake Form



## Children's Information:

### Child 1:

Parent's Name(s):

First Name:		MI:	Last Name:
Age:	DOB:	Occupation:	
E-mail Address:			
Cell Phone:		Home Phone:	
Street Address:			
City:		State:	
Zip Code:		County:	
Mailing Address (if different):			
Name of Spouse:		Spouse Cell Phone:	
Names/Ages of their Children:			

### Child 2:

Parent's Name(s):

First Name:		MI:	Last Name:
Age:	DOB:	Occupation:	
E-mail Address:			
Cell Phone:		Home Phone:	
Street Address:			
City:		State:	
Zip Code:		County:	
Mailing Address (if different):			
Name of Spouse:		Spouse Cell Phone:	
Names/Ages of their Children:			

# Intake Form



## Child 3:

Parent's Name(s):

First Name:		MI:	Last Name:	
Age:	DOB:		Occupation:	
E-mail Address:				
Cell Phone:			Home Phone:	
Street Address:				
City:			State:	
Zip Code:			County:	
Mailing Address(if different):				
Name of Spouse:			Spouse Cell Phone:	
Names/Ages of their Children:				

**Do you, or your spouse, have additional children?**  Yes  No  
If yes, please provide their information in the space provided on the last page.

**Do you, or your spouse, have any deceased children?**  Yes  No  
If Yes:

- 1) Parent's Name(s): \_\_\_\_\_
- 2) Child's Full Name: \_\_\_\_\_
- 3) Date of Death: \_\_\_\_\_

Names/Ages of their Children:

\_\_\_\_\_  
\_\_\_\_\_

## Children's Guardianship:

Are any of the child(ren) under the age of 18?  Yes  No

If No, please skip to the next section titled "Health Care Proxy".

If Yes, know that the Will can name the Guardian of minor children in case both parents have passed. There are two types of Guardianship available:

- 1) Guardianship of the person (who the child(ren) will live with); and,
- 2) Guardianship of the estate (who maintains the child(ren)'s money).

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A different person for each type of Guardianship can be named, or the same person can be named for both.

Who would you, or your spouse, like to name?

- Guardianship of the Minor Child: \_\_\_\_\_
- Guardianship of the Estate of the Minor Child: \_\_\_\_\_

**Health Care Proxy for:** (NAME) \_\_\_\_\_

[Click here for a video to learn about the Health Care Proxy](#)

Naming a proxy here means that this individual will be the one to speak to a care provider on your behalf, should you be unable to.

Please name two (2) or more agents.

**Agent 1:**

Relationship:	
First Name:	Middle Initial:
Last Name:	
Address:	
Cell phone:	Home Phone:

**Agent 2:** (in case Agent 1 cannot serve)

Relationship:	
First Name:	Middle Initial:
Last Name:	
Address:	
Cell phone:	Home Phone:

**Agent 3:** (in case Agent 2 cannot serve)

Relationship:	
First Name:	Middle Initial:
Last Name:	
Address:	
Cell phone:	Home Phone:

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**Health Care Proxy for:** (NAME) \_\_\_\_\_

Naming a proxy here means that this individual will be the one to speak to a care provider on your behalf, should you be unable to.

Please name two (2) or more agents.

**Agent 1:**

Relationship:	
First Name:	Middle Initial:
Last Name:	
Address:	
Cell phone:	Home Phone:

**Agent 2:** (in case Agent 1 cannot serve)

Relationship:	
First Name:	Middle Initial:
Last Name:	
Address:	
Cell phone:	Home Phone:

**Agent 3:** (in case Agent 2 cannot serve)

Relationship:	
First Name:	Middle Initial:
Last Name:	
Address:	
Cell phone:	Home Phone:

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## Monthly Income:

List each source (e.g. salary, social security, pension, etc.) and amount.

	<b>You</b>	<b>Spouse</b>	<b>Total</b>
<b>Wages</b>	\$	\$	\$
<b>Social Security</b>	\$	\$	\$
<b>Pension</b>	\$	\$	\$
<b>Interest/Dividends</b>	\$	\$	\$

## Do you, or your spouse, have Long-term Care Insurance?

Yes  No

If yes, what is the daily rate and length of time for coverage (for each your spouse and yourself, if applicable)?

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## Pets:

Through the Will or Trust, a caretaker can be named and/or an allocation of funds can be set aside for your pets' lifetime care (e.g. vet bills, housing, comfort, food, etc.), when you can no longer care for them properly or upon your death.

Do you, or your spouse, wish to include pets in your Estate Plan?  Yes  No  Maybe

If Yes, please briefly describe (e.g. type of animal, caretaker's name, allocated funds, etc.)

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## Real Estate:

If you, or your spouse, own a home, list the tax assessed value or appraised value.

### HOME:

Property Address: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Value: \$ \_\_\_\_\_

Payoff Amt.: \$ \_\_\_\_\_

Equity\*: \$ \_\_\_\_\_

The value you provided is (check one):  Tax Assessed  Appraised

*\*Equity = Fair Market Value - Mortgage*

### OTHER REAL ESTATE:

Please list each additional property:

Property Address: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Value: \$ \_\_\_\_\_

Payoff Amt.: \$ \_\_\_\_\_

Equity\*: \$ \_\_\_\_\_

The value you provided is (check one):  Tax Assessed  Appraised

*\*Equity = Fair Market Value - Mortgage*

### OTHER REAL ESTATE:

Please list each additional property:

Property Address: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Value: \$ \_\_\_\_\_

Payoff Amt.: \$ \_\_\_\_\_

Equity\*: \$ \_\_\_\_\_

The value you provided is (check one):  Tax Assessed  Appraised

*\*Equity = Fair Market Value - Mortgage*



# Intake Form



## Non-Real Estate Assets\* (such as retirement funds, annuities, and bank accounts):

Please list each asset.

Also identify the name(s) on the asset, and if held individually or jointly (example: "Joint w/brother, Dan").

Assets can include: bank accounts; retirement accounts; life insurance policy; stocks/bonds/mutual funds; annuities etc.

Type of Asset	Name of Institution	Name(s) on Account	Individual or Joint (if Joint, list with whom)	Current Value / Equity	Beneficiaries listed, in order	If bank account, is it payable upon death?

**TOTAL VALUE:** \$\_\_\_\_\_

\*If there are additional assets, please feel free to provide the requested information for each asset on the last page.

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## Life Insurance:

Please list all life insurance policy(ies) and the requested information. Feel free to use additional paper if there are more than two (2).

	POLICY	POLICY
<b>Company Name</b>		
<b>Owner(s)</b>		
<b>Whole Life or Term?</b>		
<b>Beneficiary(ies)</b>		
<b>Cash Surrender Value</b>		
<b>Death Benefit</b>		

## Debts:

Please list all debts with the requested information. Feel free to use additional paper if there are more than four (4).

Creditor	Debt Amount

**TOTAL DEBT:** \$ \_\_\_\_\_

