

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: | Date of Birth: |
| 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: | |
| Cell Phone: | Home Phone: |
| Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home | |
| 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 | |
| NOTE: If you have a spouse or domestic partner, you only need to fill out one (1) intake form. | |
| Are you a widow(er)?: | If Yes, spouse's Name and date of death: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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Spouse/Partner Information:

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

| | |
|--|--|
| First Name: | Nickname: |
| Last Name: | Middle Initial: |
| Age: | Date of Birth: |
| Are they a U.S. Citizen?: | Are they a U.S. Veteran?: |
| E-mail Address: | |
| Cell Phone: | Home Phone: |
| Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home | 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:

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 | | | | | | |

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Children's Information:

Child 1:

This person is (please circle one): our child / my child / my Spouse's child

| | | | | |
|---------------------------------|------|-----|--------------------|--|
| 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:

This person is (please circle one): our child / my child / my Spouse's child

| | | | | |
|---------------------------------|------|-----|--------------------|--|
| 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: | | | | |

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Child 3:

This person is (please circle one): our child / my child / my Spouse's child

| | | | |
|--------------------------------|------|--------------------|------------|
| 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 have additional children?: Yes No

If yes, please provide their information in the space provided on the last page.

Do you have any deceased children? Yes No

If Yes:

1) Full Name: _____

2) Date of Death: _____

Names/Ages of their Children:

Children's Guardianship:

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

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

If Yes, know that your Will can name the Guardian of your 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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You can name a different person for each type of Guardianship, or you can name the same person for both.

Who would you like to name?

- Guardianship of the Minor Child: _____
- Guardianship of the Estate of the Minor Child: _____

Your Health Care Proxy:

[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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Spouse/Partner's Health Care Proxy:

[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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Monthly Income:

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

| | You | Spouse | Total |
|---------------------------|------------|---------------|--------------|
| Wages | \$ | \$ | \$ |
| Social Security | \$ | \$ | \$ |
| Pension | \$ | \$ | \$ |
| Interest/Dividends | \$ | \$ | \$ |

Do you 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)?

Pets:

Through your Will or Trust you can name a caretaker and/or allocate funds 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 wish to include your 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:

HOME:

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

Property Address: _____

Name of Owner(s): _____

Value: \$ _____

Payoff Amt.: \$ _____

Equity: \$ _____

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

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

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

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

Please list each of your assets.

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 you have 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 of your life insurance policy(ies) and their information. Feel free to use additional paper if you have more than two (2).

| | POLICY | POLICY |
|-----------------------------|--------|--------|
| Company Name | | |
| Owner(s) | | |
| Whole Life or Term? | | |
| Beneficiary(ies) | | |
| Cash Surrender Value | | |
| Death Benefit | | |

Debts:

Please list all of debts and the requested information. Feel free to use additional paper if you have more than four (4).

| Creditor | Debt Amount |
|----------|-------------|
| | |
| | |
| | |
| | |

TOTAL DEBT: \$ _____

