

# Special Needs Lawyers, PA

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Special Needs Trusts | Elder Law | Long Term Care Planning | Medicaid | Probate | Wills & Trusts  
Incapacity Planning | Guardian Advocacy | Developmental Disabilities

## CONFIDENTIAL QUESTIONNAIRE

This information is extremely important. Please complete as much as possible.

*Please use the last page to write additional information.*

Date \_\_\_\_\_

Personal data of CLIENT 1: *(If CLIENT 1 is deceased, please provide name, Social Security #, date of birth, date of death, and place of death.)*

Client 1 name: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

U.S. citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Resided in Florida since: \_\_\_\_\_

If deceased, date of death: \_\_\_\_\_

If deceased, place of death: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Place of marriage: \_\_\_\_\_

Personal data of CLIENT 2: *(If CLIENT 2 is deceased, please provide name, Social Security #, date of birth, date of death, and place of death.)*

Client 2 name: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

U.S. citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Resided in Florida since: \_\_\_\_\_

If deceased, date of death: \_\_\_\_\_

If deceased, place of death: \_\_\_\_\_

Relationship to Client 1: \_\_\_\_\_

**FAMILY MEMBERS AND OTHERS INTERESTED IN YOUR WELFARE**

*Please print all names as they would appear on legal documents.*

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_
  
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_
  
5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_

**PERSONAL DATA**

1. Please list any HEALTH PROBLEMS for:

CLIENT 1: \_\_\_\_\_

CLIENT 2: \_\_\_\_\_

2. If CLIENT 1 and/or CLIENT 2 were in the hospital and unable to make decisions, with whom should the doctor consult regarding HEALTH CARE AND LIVING ARRANGEMENTS? *List in order of priority.* \_\_\_\_\_  
\_\_\_\_\_

3. If CLIENT 1 and/or CLIENT 2 were unable to carry out FINANCIAL AND BUSINESS DECISIONS, who would pay the bills and make investment decisions? *List in order of propriety.* \_\_\_\_\_  
\_\_\_\_\_

4. Names of those who would inherit the estate of CLIENT 1 and/or CLIENT 2 and their share:

_____	_____
_____	_____
_____	_____
_____	_____

5. Are there any disabled extended family members (children, grandchildren, etc.)? \_\_\_\_\_  
*If yes, please complete section below. If no, skip and move to next section:*

Disabled Individual Information:

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

What is the individual's disability? \_\_\_\_\_

If the individual's condition has been medically diagnosed, what is the diagnosis? \_\_\_\_\_  
\_\_\_\_\_

What is the individual's current prognosis? \_\_\_\_\_

What governmental programs is the individual currently receiving? *For example, Social Security Disability, Medicare, Medicaid, Medicaid Waiver, Food Assistance, etc.)* \_\_\_\_\_  
\_\_\_\_\_

**WHO REFERRED YOU TO OUR OFFICE?**

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FINANCIAL ADVISORS**

STOCKBROKER

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

ACCOUNTANT or CPA

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**HEALTH AND MEDICAL INSURANCE**

Does CLIENT 1 and/or CLIENT 2 have health or medical insurance? \_\_\_\_\_

*If yes, please complete below. If no, skip to next section.*

1. Name of insured: \_\_\_\_\_

2. Name of company: \_\_\_\_\_

3. Company address: \_\_\_\_\_

4. Policy #: \_\_\_\_\_

5. Premium amount \$ \_\_\_\_\_

**LONG TERM CARE POLICIES**

Does CLIENT 1 and/or CLIENT 2 have any long term care policies? \_\_\_\_\_

*If yes, please list the following; if no, skip to the next section:*

1. Name of insured: \_\_\_\_\_

2. Name of company: \_\_\_\_\_

3. Description of coverage: \_\_\_\_\_

## **VETERAN INFORMATION**

Did either CLIENT 1 or CLIENT 2 serve in the military? \_\_\_\_\_  
If yes, please complete section below. If no, skip and move to next section:

1. Please indicate which individual served in the military: CLIENT 1 \_\_\_\_\_ or CLIENT 2 \_\_\_\_\_
2. What branch? \_\_\_\_\_
3. Active service in which war? \_\_\_\_\_
4. Dates of service: \_\_\_\_\_
5. Does the veteran have military discharge papers? \_\_\_\_\_  
(i.e. DD214 or separation papers)  
If yes, are they originals? \_\_\_\_\_
6. What was the discharge status? \_\_\_\_\_
7. Have VA Benefits (*Aid and Attendance*) been applied for? \_\_\_\_\_

## **ASSETS**

### MOTOR VEHICLES

1. Does CLIENT 1 or CLIENT 2 own a vehicle? \_\_\_\_\_  
If yes, what kind of vehicle (*automobile, van, recreational vehicle, trailer, truck, boat, or other*): \_\_\_\_\_
2. Make / Model / Year: \_\_\_\_\_
3. Value: \_\_\_\_\_
4. Owner's Name: \_\_\_\_\_
5. Does CLIENT 1 have a current driver's license? \_\_\_\_\_
6. Does CLIENT 2 have a current driver's license? \_\_\_\_\_

### BANK OR BROKERAGE ACCOUNTS

1. Checking 1: Name of Bank or Firm: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Name(s) on account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Direct deposits to this account? \_\_\_\_\_  
Current balance (include date): \_\_\_\_\_  
Interest bearing (if yes, include interest rate)? \_\_\_\_\_

2. Checking 2: Name of Bank or Firm: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Name(s) on account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Direct deposits to this account? \_\_\_\_\_  
Current balance (include date): \_\_\_\_\_  
Interest bearing (if yes, include interest rate)? \_\_\_\_\_
3. Money Market: Name of Bank or Firm: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Name(s) on account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Direct deposits to this account? \_\_\_\_\_  
Current balance (include date): \_\_\_\_\_  
Interest bearing (if yes, include interest rate)? \_\_\_\_\_
4. Savings: Name of Bank or Firm: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Name(s) on account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Direct deposits to this account? \_\_\_\_\_  
Current balance (include date): \_\_\_\_\_  
Interest bearing (if yes, include interest rate)? \_\_\_\_\_

#### CERTIFICATES OF DEPOSIT

1. CD 1: Name of Bank or Firm: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Name(s) on account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Face Amount \$ \_\_\_\_\_  
Current balance (include date): \_\_\_\_\_  
Maturity Date: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_  
Interest paid by: Monthly check mailed to owner Quarterly check mailed to owner  
Reinvested in the CD \_\_\_\_ Credited to checking or savings account # \_\_\_\_\_

2. CD 2: Name of Bank or Firm: \_\_\_\_\_  
 Branch Address: \_\_\_\_\_  
 Name(s) on account: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Face Amount \$ \_\_\_\_\_  
 Current balance (include date): \_\_\_\_\_  
 Maturity Date: \_\_\_\_\_  
 Interest Rate: \_\_\_\_\_  
 Interest paid by: Monthly check mailed to owner Quarterly check mailed to owner  
 Reinvested in the CD \_\_\_\_ Credited to checking or savings account # \_\_\_\_\_
3. CD 3: Name of Bank or Firm: \_\_\_\_\_  
 Branch Address: \_\_\_\_\_  
 Name(s) on account: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Face Amount \$ \_\_\_\_\_  
 Current balance (include date): \_\_\_\_\_  
 Maturity Date: \_\_\_\_\_  
 Interest Rate: \_\_\_\_\_  
 Interest paid by: Monthly check mailed to owner Quarterly check mailed to owner  
 Reinvested in the CD \_\_\_\_ Credited to checking or savings account # \_\_\_\_\_

**COMMON OR PREFERRED STOCKS AND MUTUAL FUNDS**

Name(s) of owner	Company	# of shares	Current price per share	Total value on _____ (date)	Date purchased	Purchase price

**CORPORATE BONDS**

Name(s) of owner	Company	# of bonds	Current price per bond	Total value on _____ (date)	Date purchased	Purchase price

**U. S. SAVINGS BONDS**

1. Number of U.S. Savings Bonds: Series E \_\_\_\_\_ Series EE \_\_\_\_\_ Series H \_\_\_\_\_
2. Total face value for all U.S. Savings Bonds \$ \_\_\_\_\_
3. Total estimated current cash value of all bonds: \$ \_\_\_\_\_

**TAX-FREE MUNICIPALS**

Name(s) of owner	Company	# of shares	Current price per share	Total value on _____ (date)	Date purchased	Purchase price

**LIMITED PARTNERSHIPS, ETC.**

Name(s) of owner	Company	# of shares	Current price per share	Total value on _____ (date)	Date purchased	Purchase price

**GNMA's**

Name(s) of owner	Company	# of shares			Current price per share	Total value on <hr/> <i>(date)</i>	Date purchased	Purchase price

**ANNUITIES**

**CLIENT 1**

Company and Address	Salesman	Policy #	Owner	Beneficiary	Cash Value	Payments

**CLIENT 2**

Company and Address	Salesman	Policy #	Owner	Beneficiary	Cash Value	Payments

**DEFERRED COMPENSATION /RETIREMENT ACCOUNTS**

*(IRA/SEP/401k/Profit sharing/Keogh)*

**CLIENT 1**

Financial institution	Type (CD, stock, bonds etc.)	Value as of <hr/> <i>(date)</i>	Beneficiary	Date purchased	Purchase price	Payments

**CLIENT 2**

Financial institution	Type (CD, stock, bonds etc.)	Value as of <u>                    </u> (date)	Beneficiary	Date purchased	Purchase price	Payments

**BURIAL ASSETS**

Cemetery plots owned by CLIENT 1 and/or CLIENT 2:

**CLIENT 1**

1. Address of burial plot: \_\_\_\_\_
2. Location of burial plot: \_\_\_\_\_
3. Description of burial plot: \_\_\_\_\_

**CLIENT 2**

1. Address of burial plot: \_\_\_\_\_
2. Location of burial plot: \_\_\_\_\_
3. Description of burial plot: \_\_\_\_\_
4. \_\_\_\_\_

Burial contracts or pre-paid funeral agreements purchased by CLIENT 1 and/or CLIENT 2:

**CLIENT 1**

1. Name of purchaser: \_\_\_\_\_
2. Date of purchase: \_\_\_\_\_
3. Name of funeral home: \_\_\_\_\_
4. Address of funeral home: \_\_\_\_\_
5. Name of insurance company: \_\_\_\_\_
6. Contract is: revocable \_\_\_\_\_ irrevocable \_\_\_\_\_
7. Contract amount \$ \_\_\_\_\_

**CLIENT 2**

1. Name of purchaser: \_\_\_\_\_
2. Date of purchase: \_\_\_\_\_
3. Name of funeral home: \_\_\_\_\_
4. Address of funeral home: \_\_\_\_\_
5. Name of insurance company: \_\_\_\_\_
6. Contract is: revocable \_\_\_\_\_ irrevocable \_\_\_\_\_
7. Contract amount \$ \_\_\_\_\_

Does CLIENT 1 and/or CLIENT 2 have a SPECIAL BANK ACCOUNT set aside for burial assets?  
If yes, please provide name and location of bank, account number, and current balance.

1. Name of bank: \_\_\_\_\_
2. Address of bank: \_\_\_\_\_
3. Account Number: \_\_\_\_\_
4. Current Balance \$ \_\_\_\_\_

### **REAL PROPERTY**

HOMESTEAD (your residence)

1. Residence Address: \_\_\_\_\_  
\_\_\_\_\_
2. This residence is a house \_\_\_\_\_ a mobile home \_\_\_\_\_ a condominium \_\_\_\_\_  
other (describe, if other): \_\_\_\_\_
3. Names exactly as they appear on the deed: \_\_\_\_\_  
\_\_\_\_\_
4. Is there a mortgage? If so, what is the mortgage balance? \_\_\_\_\_
5. What is the tax assessor's value for this home? \_\_\_\_\_
6. If you were going to sell your home, what price would you expect to receive for it? \_\_\_\_\_  
\_\_\_\_\_
7. Date of purchase: \_\_\_\_\_
8. Purchase price \$ \_\_\_\_\_

ALL OTHER REAL PROPERTY: *If more than one property is owned, please provide information for the additional property on the back of this page.*

1. Property Address: \_\_\_\_\_
2. This property is a house \_\_\_\_\_ a mobile home \_\_\_\_\_ a condominium \_\_\_\_\_  
other (describe, if other): \_\_\_\_\_
3. Names exactly as they appear on the deed: \_\_\_\_\_
4. Is there a mortgage? If so, what is the mortgage balance? \_\_\_\_\_
5. What is the tax assessor's value for this home? \_\_\_\_\_
6. If you were going to sell your home, what price would you expect to receive for it? \_\_\_\_\_  
\_\_\_\_\_
7. Date of purchase: \_\_\_\_\_
8. Purchase price \$ \_\_\_\_\_
9. Do you receive rental income? If so, what is the monthly income amount? \_\_\_\_\_

**LIFE INSURANCE**

CLIENT 1

Company/Policy #	Insured/Owner-if different, list both	Beneficiary	Date Issued	Face Value	Cash Value	Policy Loan Amount

CLIENT 2

Company/Policy #	Insured/Owner-if different, list both	Beneficiary	Date Issued	Face Value	Cash Value	Policy Loan Amount

**LOANS**

*(Mortgages and notes, money owed to you)*

1. Does CLIENT 1 or CLIENT 2 own a mortgage and/or promissory note? \_\_\_\_\_
2. Names on the note or mortgage: \_\_\_\_\_
3. Principal balance remaining due \$ \_\_\_\_\_
4. Is the mortgage marketable (*can it be sold?*): \_\_\_\_\_
5. If marketable, what could you sell it for? \_\_\_\_\_

**SAFETY DEPOSIT BOX**

1. Name of bank where Safety Deposit Box is held: \_\_\_\_\_
2. Branch address: \_\_\_\_\_
3. Safety Deposit Box Number: \_\_\_\_\_
4. Who is authorized to enter the box? \_\_\_\_\_

**MONTHLY INCOME SUMMARY**

List all income amounts - gross and net where applicable - that CLIENT 1 and/or CLIENT 2 receives per month:

Source	CLIENT 1 Gross	CLIENT 1 Net	CLIENT 2 Gross	CLIENT 2 Net	Name & Address of Company
Social Security					
Private Pension					
Railroad Retire.					
Veteran's Benefits					
Civil Service					
Interest Income					
Dividend Income					
Alimony					
Rental Income					
Distributions from IRA/retirement					
Wage from Job					
Self-Employment Income					
<b>TOTAL INCOME</b>					

**DOCUMENTS TO PROVIDE WITH QUESTIONNAIRE**

*(copies are sufficient)*

1. Current Will
2. Codicils to Will
3. Trust Agreement
4. Trust Amendments
5. Durable Power of Attorney
6. Health Care Surrogate
7. Living Will
8. Any other estate planning documents
9. Driver's License or other identification for CLIENT 1 and CLIENT 2

**DOCUMENTS YOU MAY NEED TO PROVIDE LATER**

*It is a good idea to keep these documents handy.*

1. Copy of long term care policy for CLIENT 1 and/or CLIENT 2. Please include benefit page.
2. Copies of most current statements from financial institutions: For all OPEN accounts: *(checking, savings, Certificate of Deposits, brokerage, etc.)*
3. Copies of stock certificates, bonds, CDs, U.S. government bonds, municipals, annuities, Individual Retirement Accounts (IRAs), or any other deferred compensation plans for CLIENT 1 and/or CLIENT 2.
4. Copy of any prepaid burial or cremation contract for CLIENT 1 and/or CLIENT 2 and copy of deed to cemetery plot owned by CLIENT 1 and/or CLIENT 2. Copy of any special burial bank account for CLIENT 1 and/or CLIENT 2.
5. Copy of deed to residence, current real estate tax bill, homeowner's insurance policy and premium statement. Copy of deed(s), tax bill, and proof of insurance for any other real property owned by CLIENT 1 and/or CLIENT 2.
6. Copy of life insurance policies for CLIENT 1 and/or CLIENT 2. Pages needed are the cover page, Declarations page which lists the information about the policy and the beneficiary information.
7. Copy of any mortgage and/or promissory note OWING to CLIENT 1 and/or CLIENT 2.

I understand that it is my responsibility to disclose correct and complete information. I hereby attest that the information I have supplied is complete and accurate to the best of my knowledge. I realize that any changes must be reported as soon as possible.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

