



WITH INSIGHT & COMPASSION
AMY DOW
Law

INTAKE QUESTIONNAIRE

LEGALLY MARRIED

INSTRUCTIONS: You can complete this form by printing and filling out by hand. Once complete, you may scan and email to info@amydowlaw.com or send by regular mail to **601 Heritage Drive, Suite 414, Jupiter, FL 33458**. If you have any questions, please contact our office at **(561) 288-1750**.

PERSONAL INFORMATION

Full Name (as it appears on your drivers license/passport)

Maiden Name (if applicable)

Street Address

City

State

Zip Code

Primary Phone Number

E-mail

Date of Birth

Last 4 Digits of SSN

Are you a US Citizen? Yes No

Are you a Veteran? Yes No If yes, service dates: _____

Are you: Married Widowed Divorced Other _____

Do you own your home? Yes No

Do you have a Pre-paid Funeral/Burial Plot? Yes No

Do you have any minor children or disabled adult children? Yes No

Do you have long term care insurance? Yes No

Do you have: Will Trust Power of Attorney

Living Will Health Care Surrogate

Are you able to sign your name? Yes No

SPOUSE/PARTNER PERSONAL INFORMATION

Full Name (as it appears on your drivers license/passport)

Maiden Name (if applicable)

Street Address (if different from spouse)

City

State

Zip Code

Primary Phone Number

E-mail

Date of Birth

Last 4 Digits of SSN

Are you a US Citizen? Yes No

Are you a Veteran? Yes No If yes, service dates: _____

Are you: Married Widowed Divorced Other _____

Do you own your home? Yes No

Do you have a Pre-paid Funeral/Burial Plot? Yes No

Do you have any minor children or disabled adult children? Yes No

Do you have long term care insurance? Yes No

Do you have: Will Trust Power of Attorney
 Living Will Health Care Surrogate

Are you able to sign your name? Yes No

FAMILY/IMPORTANT PEOPLE

When we discuss your estate planning, we will discuss people you would like to appoint to important roles such as your power of attorney, health care surrogate, trustee, personal representative, guardian, etc. We will also discuss who you will name as your beneficiaries.

Please list the names of your children.

_____	_____	_____
Child's Name	Age	Disabled?
_____	_____	_____
Child's Name	Age	Disabled?
_____	_____	_____
Child's Name	Age	Disabled?

Child's Name

Age

Disabled?

Child's Name

Age

Disabled?

Please list those people who are important to you and who you may name in your documents:

1. _____

Full Name

This person is: **Your Child** **Close Friend** **Partner** **Relative**

Street Address

City

State

Zip Code

Primary Phone Number

E-mail

Date of Birth

2. _____

Full Name

This person is: **Your Child** **Close Friend** **Partner** **Relative**

Street Address

City

State

Zip Code

Primary Phone Number

E-mail

Date of Birth

3.

Full Name

This person is: **Your Child** **Close Friend** **Partner** **Relative**

Street Address

City

State

Zip Code

Primary Phone Number

E-mail

Date of Birth

4.

Full Name

This person is: **Your Child** **Close Friend** **Partner** **Relative**

Street Address

City

State

Zip Code

Primary Phone Number

E-mail

Date of Birth

5. _____

Full Name

This person is: Your Child Close Friend Partner Relative

Street Address

City

State

Zip Code

Primary Phone Number

E-mail

Date of Birth

Please list grandchildren (if not listed above):

1. _____
Full Name **Parents**

2. _____
Full Name **Parents**

3. _____
Full Name **Parents**

4. _____
Full Name **Parents**

5. _____
Full Name **Parents**

FINANCIAL INFORMATION

Do NOT include jointly owned assets with your partner/spouse! This information will be collected at a later time.

**PERSONAL MONTHLY INCOME
(approximate, gross) BY SOURCE:**

\$ _____

Pensions

\$ _____

Social Security

\$ _____

Interest/Dividends

\$ _____

VA Payments

\$ _____

Annuity Payments

\$ _____

Rental Income

\$ _____

Other

\$ _____

Other

\$ _____

Personal Total Monthly Income

**PERSONAL ASSETS
(approximate) BY SOURCE:**

\$ _____

Cash (savings, checking)

\$ _____

Investment Accounts

\$ _____

Home (est. value)

\$ _____

Other Real Estate

\$ _____

Retirement Accounts

\$ _____

Insurance Cash Value

\$ _____

Other

\$ _____

Other

\$ _____

Personal Total Assets Value

Do NOT include jointly owned assets with your partner/spouse! This information will be collected on the next page.

**SPOUSE/PARTNER
MONTHLY INCOME**

(approximate, gross) BY SOURCE:

\$ _____

Pensions

\$ _____

Social Security

\$ _____

Interest/Dividends

\$ _____

VA Payments

\$ _____

Annuity Payments

\$ _____

Rental Income

\$ _____

Other

\$ _____

Other

\$ _____

Spouse/Partner Total Monthly Income

**SPOUSE/PARTNER
ASSETS**

(approximate) BY SOURCE:

\$ _____

Cash (savings, checking)

\$ _____

Investment Accounts

\$ _____

Home (est. value)

\$ _____

Other Real Estate

\$ _____

Retirement Accounts

\$ _____

Insurance Cash Value

\$ _____

Other

\$ _____

Other

\$ _____

Spouse/Partner Total Assets Value

**JOINTLY OWNED ASSETS
(approximate) BY SOURCE:**

\$ _____

Cash (savings, checking)

\$ _____

Investment Accounts

\$ _____

Home (est. value)

\$ _____

Other Real Estate

\$ _____

Retirement Accounts

\$ _____

Insurance Cash Value

\$ _____

Other

\$ _____

Other

\$ _____

Jointly Owned Total Assets Value

BUSINESS INTERESTS

Please provide a short description of any business interests you may have, giving the name, location, percentage owned, names and relationship of co-owners, and the form of ownership (i.e., sole proprietorship, closely held corporation, partnership, etc.).

ADDITIONAL/MISC

Who referred you to Amy Dow Law? _____

Gifting History:

Have you made any significant gifts (more than \$1,000) of money or property in the last five years? Yes No

If yes, please provide approximate date, amount and to whom:

Additional Notes – Please add anything you think may be important:
