



WITH INSIGHT & COMPASSION  
**AMY DOW**  
*Law*

# INTAKE QUESTIONNAIRE

## LEGALLY SINGLE

**INSTRUCTIONS:** You can complete this form by printing and filling out by hand. Once complete, you may scan and email to [info@amydowlaw.com](mailto: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

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

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**Maiden Name** (if applicable)

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**Street Address**

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**City**

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**State**

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**Zip Code**

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**Primary Phone Number**

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**E-mail**

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**Date of Birth**

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**Last 4 Digits of SSN**

Are you a US Citizen?  Yes  No

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

Are you:  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.

|                     |            |                  |
|---------------------|------------|------------------|
| _____               | _____      | _____            |
| <b>Child's Name</b> | <b>Age</b> | <b>Disabled?</b> |

|                     |            |                  |
|---------------------|------------|------------------|
| _____               | _____      | _____            |
| <b>Child's Name</b> | <b>Age</b> | <b>Disabled?</b> |

|                     |            |                  |
|---------------------|------------|------------------|
| _____               | _____      | _____            |
| <b>Child's Name</b> | <b>Age</b> | <b>Disabled?</b> |

|                     |            |                  |
|---------------------|------------|------------------|
| _____               | _____      | _____            |
| <b>Child's Name</b> | <b>Age</b> | <b>Disabled?</b> |

|                     |            |                  |
|---------------------|------------|------------------|
| _____               | _____      | _____            |
| <b>Child's Name</b> | <b>Age</b> | <b>Disabled?</b> |

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**

**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**

## **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.).

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## **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:

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

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