Amy Dow Elder Law

Married Client Intake Questionnaire

Please complete this questionnaire as thoroughly as possible. The information you provide helps our team understand your circumstances and prepare for your consultation. If a question does not apply to you or you are unsure of the answer, you may leave it blank.

Amy Dow Elder Law
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This questionnaire is designed to be printed, completed by hand, and returned by email, mail, or in person.

Version: July 2026

Personal Information

Please provide your current contact information and identifying details. If a question does not apply to you, leave it blank.

Client 1

First Name: _____ Last: _____

Maiden/Other Name (Please include any maiden, prior, or other legal names.)

_____

Home Address

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Email address: _____

Phone: _____ Date of Birth: _____ Last 4 Digits of SSN: _____

Are you a resident in a facility? ☐ Yes ☐ No

If yes, facility name, city and state: _____

_____

Additional Information

Do you have long-term care insurance? ☐ Yes ☐ No ☐ Not Sure

Do you have a prepaid funeral plan or burial plot? ☐ Yes ☐ No ☐ Not Sure

Are you a U.S. citizen? ☐ Yes ☐ No ☐ Not Sure

Green Card Number

Please enter your Green Card & place of birth number if you are not a U.S. citizen.

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

_____

Do you have children? ☐ Yes ☐ No

Children from prior marriage or current marriage: _____

Names of children: _____

You will have additional space in the Family Details *section at the end of this questionnaire to add more information.*

Personal Information

Please provide your current contact information and identifying details. If a question does not apply to you, leave it blank.

Client 2

First Name: _____ Last: _____

Maiden/Other Name (Please include any maiden, prior, or other legal names.)

_____

Home Address

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Email address: _____

Phone: _____ Date of Birth: _____ Last 4 Digits of SSN: _____

Are you a resident in a facility? ☐ Yes ☐ No

If yes, facility name, city and state: _____

_____

Additional Information

Do you have long-term care insurance? ☐ Yes ☐ No ☐ Not Sure

Do you have a prepaid funeral plan or burial plot? ☐ Yes ☐ No ☐ Not Sure

Are you a U.S. citizen? ☐ Yes ☐ No ☐ Not Sure

Green Card Number

Please enter your Green Card & place of birth number if you are not a U.S. citizen.

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

_____

Do you have children? ☐ Yes ☐ No

Children from prior marriage or current marriage: _____

Names of children: _____

You will have additional space in the Family Details *section at the end of this questionnaire to add more information.*

Monthly Gross Income

Client 1 Monthly Gross Income:

Please enter approximate monthly gross income for each item that applies.

Client 1 Name: _____

Pension
Monthly Amount: $ _____

IRA / 401(k) / Roth Distributions
Monthly Amount: $ _____

Social Security
Monthly Amount: $ _____

Annuities
Monthly Amount: $ _____

Dividends/Interest
Monthly Amount: $ _____

Rental Income
Monthly Amount: $ _____

VA Payments
Monthly Amount: $ _____

Other Income
Monthly Amount: $ _____

Approximate Total Monthly Income
Monthly Amount: $ _____

If you would like to list additional income, please include them in the Additional Notes section at the end of this questionnaire.

Monthly Gross Income

Client 2 Monthly Gross Income:

Please enter approximate monthly gross income for each item that applies.

Client 2 Name: _____

Pension
Monthly Amount: $ _____

IRA / 401(k) / Roth Distributions
Monthly Amount: $ _____

Social Security
Monthly Amount: $ _____

Annuities
Monthly Amount: $ _____

Dividends/Interest
Monthly Amount: $ _____

Rental Income
Monthly Amount: $ _____

VA Payments
Monthly Amount: $ _____

Other Income
Monthly Amount: $ _____

Approximate Total Monthly Income
Monthly Amount: $ _____

If you would like to list additional income, please include them in the Additional Notes section at the end of this questionnaire.

Financial Assets

Please enter each asset separately. Include the institution or company name, estimated value, and the name or names listed on the account, policy, or asset.

Checking Account
Institution Name: _____
Approximate Balance: $ _____
Name(s) on Account: _____

Savings Account
Institution Name: _____
Approximate Balance: $ _____
Name(s) on Account: _____

CDs
Institution Name: _____
Approximate Balance: $ _____
Name(s) on Account: _____

Stocks / Bonds
Institution Name: _____
Approximate Balance: $ _____
Name(s) on Account: _____

IRA / 401(k) / Roth Accounts
Institution Name: _____
Approximate Balance: $ _____
Name(s) on Account: _____

Life Insurance Cash Value
Insurance Company: _____
Approximate Balance: $ _____
Name(s) on Account: _____

Brokerage Accounts
Institution Name: _____
Approximate Balance: $ _____
Name(s) on Account: _____

Other Financial Assets
Asset Description: _____
Approximate Balance: $ _____
Name(s) on Account: _____

Business Interests
Please list any business ownership, partnership interest, LLC interest, corporation, or other business interest owned.
(Examples: corporation, partnership, LLC, sole proprietorship, or other ownership interest.)

_____

_____

_____

Vehicles and Real Property

Please list any vehicles and real property you own. If a section does not apply, leave it blank.

Vehicles

Vehicle 1

Make / Model: _____

Approximate Value: $ _____ Amount Owed: $ _____

Name(s) on Registration: _____

Vehicle 2

Make / Model: _____

Approximate Value: $ _____ Amount Owed: $ _____

Name(s) on Registration: _____

Vehicle 3

Make / Model: _____

Approximate Value: $ _____ Amount Owed: $ _____

Name(s) on Registration: _____

Real Property

Please include your homestead, rental property, commercial property, vacation property, or property located outside Florida.

Property 1

Property Type: _____

Property Address: _____

Approximate Value: $ _____ Mortgage Balance: $ _____

Name(s) on Title: _____

Property 2

Property Type: _____

Property Address: _____

Approximate Value: $ _____ Mortgage Balance: $ _____

Name(s) on Title: _____

If you would like to list additional vehicles or property, please include them in the Additional Notes section at the end of this questionnaire.

Transfers, Payments, and Gifts

Please answer the questions below about any transfers, payments, or gifts made within the last five years. If a section does not apply, leave it blank.

Have you made any gifts of $500 or more in the last five years?
☐ Yes ☐ No ☐ Not Sure
If yes, please describe what was given, when it was given, who received it, and the approximate value.
Details: _____

_____

Have you transferred ownership of any cars, real estate, or anything worth more than $1,000 without receiving reasonable payment in return?
☐ Yes ☐ No ☐ Not Sure
If yes, please list them below, date of transfer, who received it, and the approximate value.
Details: _____

_____

Have you transferred money to friends or relatives by cash, check, Zelle, Venmo, or similar payment methods?
☐ Yes ☐ No ☐ Not Sure
If yes, please list them below.
Details: _____

_____

Additional Notes About Transfers, Payments, or Gifts
Please use this space to provide any additional information that may be helpful.

_____

_____

_____

_____

Family Details

Please include all children including deceased and estranged children. Please provide each child's legal name as shown on their driver license or passport.

Child 1

Name: _____

Address: _____

Phone: _____ *Email:* _____

Relationship to You: _____ *Age:*_____

Is this child disabled or receiving special benefits?

☐ *Yes* ☐ *No* ☐ *Not Sure*

Child 2

Name: _____

Address: _____

Phone: _____ *Email:* _____

Relationship to You: _____ *Age:*_____

Is this child disabled or receiving special benefits?

☐ *Yes* ☐ *No* ☐ *Not Sure*

Child 3

Name: _____

Address: _____

Phone: _____ *Email:* _____

Relationship to You: _____ *Age:*_____

Is this child disabled or receiving special benefits?

☐ *Yes* ☐ *No* ☐ *Not Sure*

Additional Children

Please list any additional children below.

Name / Address / Phone / Email / Relationship / Age

_____

_____

_____

If you would like to list additional people, please include them in the Additional Notes section at the end of this questionnaire.

Important People

Please list the people Amy Dow Elder Law should know about, other than the children on the previous page. This may include anyone you may want to name as your power of attorney, health care surrogate, trustee, personal representative, guardian or beneficiary.

Person 1
Full Name: _____
Relationship to You: _____
Street Address: _____
City: _____ *State:* _____ *Zip:* _____
Notes: _____

Person 2
Full Name: _____
Relationship to You: _____
Street Address: _____
City: _____ *State:* _____ *Zip:* _____
Notes: _____

Person 3
Full Name: _____
Relationship to You: _____
Street Address: _____
City: _____ *State:* _____ *Zip:* _____
Notes: _____

Person 4
Full Name: _____
Relationship to You: _____
Street Address: _____
City: _____ *State:* _____ *Zip:* _____
Notes: _____

If you would like to list additional people, please include them in the Additional Notes section at the end of this questionnaire.

Estate Planning Documents and Final Questions

Please let us know whether you currently have any of the documents or planning items listed below. If you are unsure, you may select "Not Sure."

Client 1

Do you have a Will?

☐ Yes ☐ No ☐ Not Sure

Do you have a Trust?

☐ Yes ☐ No ☐ Not Sure

Do you have a Durable Power of Attorney?

☐ Yes ☐ No ☐ Not Sure

Do you have a Health Care Surrogate?

☐ Yes ☐ No ☐ Not Sure

Client 2

Do you have a Will?

☐ Yes ☐ No ☐ Not Sure

Do you have a Trust?

☐ Yes ☐ No ☐ Not Sure

Do you have a Durable Power of Attorney?

☐ Yes ☐ No ☐ Not Sure

Do you have a Health Care Surrogate?

☐ Yes ☐ No ☐ Not Sure

Referral Source:

Who referred you to Amy Dow Elder Law? _____

Referral Source: _____

Additional Information:

Please use the space below for any additional notes, concerns, or information you would like us to know.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____