



Amy Dow Elder Law

Single 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

Main Office:

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(561) 288-1750

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

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Personal Information

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

Client

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: _____

Family Status

Are you divorced? ☐ Yes ☐ No

If yes, date of divorce: _____

Are you widowed? ☐ Yes ☐ No

If yes, spouse's name & date of death: _____

Were you married at the time of their death? ☐ Yes ☐ No

Do you live with a partner? ☐ Yes ☐ No

If yes, partner's name: _____

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

If you are not a U.S. citizen, please enter your Green Card number and place of birth.

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

Monthly Gross Income

Monthly Gross Income:

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

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.



And Final Questions

*any of the documents or
you may select “Not Sure.”*

Do you have a Trust?

Yes ☐ No ☐ Not Sure

Do you have a Health Care Surrogate?

you may select “Not Sure.”

Do you have a Trust?

Yes ☐ No ☐ Not Sure

Do you have a Health Care Surrogate?

Do you have a Trust?

☐ Yes ☐ No ☐ Not Sure

Do you have a Health Care Surrogate?

☐ Yes ☐ No ☐ Not Sure

Who referred you to Amy Dow Elder Law? _____
Referral Source: _____

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

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.