Marshall, Parker & Weber, LLC
Expert Guidance When You Need it Most
www.paelderlaw.com

Elder Law
Estate & Special Needs Planning
Estate Administration

1-800-401-4552

Confidential Client Questionnaire

Thank you for choosing Marshall, Parker & Weber for your consultation. Our team of knowledgeable attorneys and case managers are looking forward to meeting with you soon. We want to provide you with the best service and address your questions and concerns during your visit.

Please return your ***Confidential Client Questionnaire*** at least **three days** before your consultation by:

MAIL

Mail in the postage-paid envelope provided

EMAIL

Mail it to:
webmail@paelderlaw.com

FAX

Fax it to:
1-866-712-4327

Why Is the Confidential Client Questionnaire Important?

- To provide you with customized planning options, our team needs to understand "the big picture" that is why we ask each of our clients to complete the ***Confidential Client Questionnaire*** and return it to our office **three days prior** to your consultation.

- When completing the form, we understand that you are sharing very personal information about the client and/or co-client with us and we pledge to keep this information strictly confidential. The client and/or co-client is the person(s) for which services are intended for, and his or her spouse/significant other.

- As you work through the ***Questionnaire***, you may not know the answer to every question. We understand, but the more information you can complete, the better equipped we are to provide you with your personalized options and our recommendations.

- Please return your ***Questionnaire*** in the postage-paid envelope provided. You can also email it to webmail@paelderlaw.com. In order for our team to prepare for your consultation, **it is important to return the *Questionnaire* at least three days prior to your scheduled consultation.**

What Can I Expect at My Consultation?

- We have allowed a one-hour time frame for your consultation. If you are unable to arrive at your scheduled appointment time, please understand that your one hour will be adjusted and we will be concluding the appointment at the scheduled time. If for some reason it appears your consultation will last longer than an hour, your attorney may suggest scheduling a follow-up meeting for another day. Your attorney will advise you whether a fee will apply for that follow-up meeting.

- It is very important to have all decision makers available for your consultation. This is especially true if you are meeting with Marshall, Parker & Weber to discuss long-term care (crisis) planning. If someone is unable to attend in person, they can participate by conference call if arrangements are made PRIOR to your consultation.

- Please be sure to bring copies (or originals) of the documents listed on the enclosed ***Consultation Checklist***. Your attorney may review those documents during your consultation.

- When you arrive, you will be meeting with an attorney and case manager from our knowledgeable team. They will talk with you about your goals and objectives; they may ask you questions and clarify items from your ***Questionnaire***. They will also provide you with their recommendations of the best ways to meet your goals and the flat fee price for Marshall, Parker & Weber to complete your plan. Of course, you will also have the opportunity to ask your own questions throughout the consultation so you can understand your options and be confident in the decisions you make.

- Most of our clients choose to hire Marshall, Parker & Weber at the conclusion of their consultation. If this is the case for you, your attorney will prepare a ***Fee Agreement***. This agreement describes the services we will be providing to you and the amount you have agreed to pay. Depending on the type of services we provide, you may be asked to provide partial or full payment that day.

1. **How were you referred to Marshall, Parker & Weber?**

2. **Who will be attending your initial consultation?**

3. **What are your 3 main goals for this consultation?**

1. ______________________________
2. ______________________________
3. ______________________________

4. **CLIENT and CO-CLIENT PERSONAL INFORMATION**:

Client's Name	**Co-Client's Name**
________ ___ ________ ____ First MI Last Suffix	________ ___ ________ ____ First MI Last Suffix
________ ________ Age Date of Birth	________ ________ Age Date of Birth
________________ Date of Death (if applicable)	________________ Date of Death (if applicable)
Cell Phone: ________________	Cell Phone: ________________
E-Mail: ________________	E-Mail: ________________
A U.S. Citizen? ☐ **Yes** ☐ **No**	A U.S. Citizen? ☐ **Yes** ☐ **No**
A Veteran? ☐ **Yes** ☐ **No**	A Veteran? ☐ **Yes** ☐ **No**
Number of Times Married ______	Number of Times Married ______
Employer: ________________	Employer: ________________
Work Phone: ________________	Work Phone: ________________
Medical Concerns: ________________ ________________ ________________	Medical Concerns: ________________ ________________ ________________

Street Address: ______________________________

City: ________________ State: ________ Zip Code: ________

County: ________________ Home Phone: ________________

5. CHILDRENS' INFORMATION

Other than the client or co-client, does anyone in your family have a physical, intellectual or developmental disability? ☐ **Yes** ☐ **No**

Other than the client or co-client, is anyone in your family receiving Supplemental Security Income (SSI) or Social Security Disability (SSD) because of a disabling physical or mental condition that was diagnosed by a physician? ☐ **Yes** ☐ **No**

Do you want your children's email addresses added to our firm newsletter list?
Unless "yes" is marked, we will not add your children to the email list. ☐ **Yes** ☐ **No**

A. Child's Name: ______________________ ____ ______________________ ________
First MI Last Suffix

Street Address: ______________________________ City: ______________

State: _____ Zip Code: __________ E-Mail Address: ____________________

Home Phone:____________ Work Phone: ____________ Cell Phone: __________

Age:______________ Date of Birth:______________

Marriage Status: ______________ Spouse's Name: ____________________

Names and Ages of Children:

1. ____________________ ________ 2. ____________________ ________

3. ____________________ ________ 4. ____________________ ________

B. Child's Name: ______________________ ____ ______________________ ________
First MI Last Suffix

Street Address: ______________________________ City: ______________

State: _____ Zip Code: __________ E-Mail Address: ____________________

Home Phone:____________ Work Phone: ____________ Cell Phone: __________

Age: ______________ Date of Birth______________

Marriage Status: ______________ Spouse's Name: ____________________

Names and Ages of Children:

1. ____________________ ________ 2. ____________________ ________

3. ____________________ ________ 4. ____________________ ________

C. **Child's Name**: ______________________________ ____ ______________________________ __________

First MI Last Suffix

Street Address: ____ City: ______________________

State: _______ Zip Code: ________________ E-Mail Address: __________________________________

Home Phone:___________________ Work Phone: __________________ Cell Phone: ______________

Age: ________________________ Date of Birth_____________________________

Marriage Status: ______________________ Spouse's Name: ___________________________________

Names and Ages of Children:

1. _________________________________ ___________ 2. _________________________________ ___________

3. _________________________________ ___________ 4. _________________________________ ___________

D. **Child's Name**: ______________________________ ____ ______________________________ __________

First MI Last Suffix

Street Address: ____ City: ______________________

State: _______ Zip Code: ________________ E-Mail Address: __________________________________

Home Phone:___________________ Work Phone: __________________ Cell Phone: ______________

Age: ________________________ Date of Birth__________________________

Marriage Status: ______________________ Spouse's Name: ___________________________________

Names and Ages of Children:

1. _________________________________ ___________ 2. _________________________________ ___________

3. _________________________________ ___________ 4. _________________________________ ___________

6. CLIENTS' ADVISORS

	NAME	PHONE NUMBER
FINANCIAL PLANNER		
ACCOUNTANT		
INSURANCE AGENT		
OTHER ADVISOR		

7. FINANCIAL DATA

PERSONAL PROPERTY	AMOUNT OWED *(if any)*	JOINT	CLIENT	CO-CLIENT	TRUST
Primary Residence *(Assessed Value)* **Please Obtain from Tax Bill:** *Acres* ________	$	$	$	$	
Additional Real Estate #1 *(Condos, Hunting Clubs, Rentals)* *Acres* ________	$	$	$	$	
Additional Real Estate #2 *(Condos, Hunting Clubs, Rentals)* *Acres* ________	$	$	$	$	
Additional Real Estate #3 *(Condos, Hunting Clubs, Rentals)* *Acres* ________	$	$	$	$	
Additional Real Estate #4 *(Condos, Hunting Clubs, Rentals)* *Acres* ________	$	$	$	$	
Automobile (most valuable)	$	$	$	$	
Additional Automobiles	$	$	$	$	
Personal Effects, Household Items, Collections	$	$	$	$	
Other:	$	$	$	$	
Other:	$	$	$	$	
TOTAL	$	$	$	$	

ACCOUNTS AND POLICIES	TOTAL NUMBER OF ACCOUNTS OR POLICIES	JOINT	CLIENT	CO-CLIENT	TRUST
Savings Accounts		$	$	$	
Checking Accounts		$	$	$	
Money Market Accounts		$	$	$	
Certificates of Deposit		$	$	$	
Mutual Funds		$	$	$	
Stocks		$	$	$	
Bonds		$	$	$	
Annuities		$	$	$	
IRAs		$	$	$	
401Ks		$	$	$	
Whole Life Insurance		$	$	$	
Term Life Insurance		$	$	$	
Group Life Insurance		$	$	$	
Other:		$	$	$	
Other:		$	$	$	
TOTAL		$	$	$	
Debt (credit cards, personal loans, etc.)		$	$	$	

OTHER ASSETS	JOINT	CLIENT	CO-CLIENT	TRUST
Business Interests *(LLC, FLP, S-Corp)*	$	$	$	
Burial Accounts	$	$	$	
Long-Term Care Insurance *Daily Benefit $____________* *Maximum Benefit $__________*	$	$	$	
Other:	$	$	$	
TOTAL	$	$	$	

MONTHLY INCOME	CLIENT	CO-CLIENT
Social Security	$	$
Pension	$	$
Interest	$	$
Other:	$	$
Other:	$	$
TOTAL	$	$

Do you own any property subject to an oil or gas lease? **Yes** ☐ **No** ☐

Have you ever filed a United States Gift Tax Return (Form 709)? **Yes** ☐ **No** ☐

Have you given any assets in excess of $500.00 (gifts of money, your home or other property, automobiles, etc.) to individuals or to a trust in the last five years? **Yes** ☐ **No** ☐
If so, please list:

ASSET GIFTED	DATE OF GIFT	GIVEN TO	VALUE
____________________	__________	____________________	__________
____________________	__________	____________________	__________
____________________	__________	____________________	__________

8. CERTIFICATION

Questionnaire Completed By: ____

Date Completed: ______________________

Thank you for completing our *Confidential Client Questionnaire*.
We ask that you return your completed *Questionnaire* <u>at least</u> three days before your scheduled consultation.

Please use the enclosed postage paid envelope or email it to <u>webmail@paelderlaw.com</u>.

If you have questions about your consultation or this Questionnaire, we would be happy to assist you.