

Carlin & Shapiro, P.A.  
ATTORNEYS AT LAW

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**Client Information Form**

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DATE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

TYPE OF MATTER: \_\_\_\_\_

**PERSONAL DATA**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Work # \_\_\_\_\_ Email \_\_\_\_\_  
Cell # \_\_\_\_\_ Employer: \_\_\_\_\_

Full Name of Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Work # \_\_\_\_\_ Email \_\_\_\_\_  
Cell # \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Home #: \_\_\_\_\_  
\_\_\_\_\_

Length of years married: \_\_\_\_\_

Previous marriages (if any): Yes [ ] No [ ]

Explain: \_\_\_\_\_

**FAMILY**

Please list all children and step-children, living or deceased

1. \_\_\_\_\_  

Full Name	Address	Age
Primary Phone Number	Spouse Name	No. of Children (minors: _____)
2. \_\_\_\_\_  

Full Name	Address	Age
Primary Phone Number	Spouse Name	No. of Children (minors: _____)
3. \_\_\_\_\_  

Full Name	Address	Age
Primary Phone Number	Spouse Name	No. of Children (minors: _____)
4. \_\_\_\_\_  

Full Name	Address	Age
Primary Phone Number	Spouse Name	No. of Children (minors: _____)

Are any of the above-listed step-children or adopted? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

**MEDICAL/DISABILITY**

Is anyone in your household disabled? Yes [ ] No [ ]

Explain: \_\_\_\_\_

**HEALTH INSURANCE**

SELF (\_\_\_\_\_)  
Yes [ ] No [ ]

SPOUSE (\_\_\_\_\_)  
Yes [ ] No [ ]

Medicare

Medicare Supplement:  
Company: \_\_\_\_\_

Medicare Part D plan:  
Company: \_\_\_\_\_

Long-Term Care Ins.  
Company: \_\_\_\_\_

Other Insurance: \_\_\_\_\_

**MONTHLY INCOME**

SELF (\_\_\_\_\_)

SPOUSE (\_\_\_\_\_)

JOINT

Social Security: \_\_\_\_\_

Pension: \_\_\_\_\_

Source: \_\_\_\_\_

IRA/Annuity: \_\_\_\_\_

Alimony: \_\_\_\_\_

Rental Income: \_\_\_\_\_

Business Interest: \_\_\_\_\_

Any Other Income: \_\_\_\_\_

Source: \_\_\_\_\_

**TOTALS:** \_\_\_\_\_

**FINANCIAL**

Financial Advisor? Yes [ ] No [ ]

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Annuities**

Company/ Institution	Owner(s)	Cash Value	Type of asset	Beneficiary Designation?
			Retirement? Yes [ ] No [ ]	
			Retirement? Yes [ ] No [ ]	
			Retirement? Yes [ ] No [ ]	
<b>Total cash value of all annuities:</b>				

**All Liquid Assets and Investments (Other than Annuities)**

Bank accounts, CDS, brokerage accounts, investment accounts, stocks, corporate or U.S. bonds, retirement funds, pension plans, etc.

Institution/ Account Number	Owner(s)	Value/ Balance	Type of asset	Beneficiary Designation?
			Type: _____ Retirement? Yes [ ] No [ ]	
			Type: _____ Retirement? Yes [ ] No [ ]	
			Type: _____ Retirement? Yes [ ] No [ ]	
			Type: _____ Retirement? Yes [ ] No [ ]	
			Type: _____ Retirement? Yes [ ] No [ ]	
			Type: _____ Retirement? Yes [ ] No [ ]	

**Real Estate**

Location of Property	Value	Mortgage	Owner Name (joint?)	Rental?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you or your spouse have any interest in any business? Yes [ ] No [ ].  
Explain: \_\_\_\_\_

**Life Insurance**

**Term Policies:**

Company \_\_\_\_\_ Owner: \_\_\_\_\_

Face Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Company \_\_\_\_\_ Owner: \_\_\_\_\_

Face Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Company \_\_\_\_\_ Owner: \_\_\_\_\_

Face Value: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**Whole Life Policies:**

Company \_\_\_\_\_ Owner: \_\_\_\_\_

Face Value: \_\_\_\_\_ Cash Value \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Company \_\_\_\_\_ Owner: \_\_\_\_\_

Face Value: \_\_\_\_\_ Cash Value \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Company \_\_\_\_\_ Owner: \_\_\_\_\_

Face Value: \_\_\_\_\_ Cash Value \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**Gifts:**

Have you or your spouse made any large gifts? Yes [ ] No [ ]

If yes, please explain: \_\_\_\_\_

Have you ever filed a federal gift tax return? Yes [ ] No [ ]

**Liabilities/Debts Owed**

Examples: mortgages, notes to banks, notes to others, loans on insurance

Description: \_\_\_\_\_ Description: \_\_\_\_\_

Balance Due: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Description: \_\_\_\_\_ Description: \_\_\_\_\_

Balance Due: \_\_\_\_\_ Balance Due: \_\_\_\_\_

**Personal Property**

Examples: autos, RVs, boats; antiques, heirlooms, jewelry

Property Description	Est. Value	Owner
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Current Estate Documents**

	Location of original	Date Executed
Last Will and Testament	_____	_____
Durable Power of Attorney	_____	_____
Living Will/Heath Care POA	_____	_____
Living Trust	_____	_____