

Carlin & Shapiro, P.A.
ATTORNEYS AT LAW

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: _____

VETERAN STATUS

SELF (_____)
Yes [] No []

SPOUSE (_____)
Yes [] No []

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 []	
Total cash value of all annuities:				

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	_____	_____