Brody & Brody LLP

Elder Law and Special Needs
Mark D. Brody and Joshua A. Brody, Attorneys at Law

Thank you for contacting our law firm.
To streamline our work with you, please fill out the information below to the best of your ability.
We review it together, so do not worry if you leave something blank.

All of the information you provide is held in absolute confidence. We respect your privacy.

I am contacting the law firm of Brody & Brody on behalf of the following people

(Check all that apply)	Name	Age
☐ Myself		
☐ Spouse or partner		
☐ Parent(s)		
☐ Special needs family member		
☐ Other		

Your contact information

Mailing address					
City, State, Zip					
Day phone		Evening phone		Cell	
Email					

What areas would you like to talk about? Check all that apply

☐ Preserving assets for my benefit and the benefit of my heirs

☐ Wills

☐ Trusts

☐ Power of attorney for legal matters if I am incapacitated

☐ Health care proxy for medical matters if I am incapacitated

☐ Living wills (health care directives)

☐ Medicaid applications

☐ Guardianship proceedings

☐ Real estate transactions

☐ Estate administration

☐ Other (describe)

Do you have a financial advisor?	☐ Yes ☐ No
If yes, name and firm	

CLIENT NAME	

Which of these do you already have? (Check all that apply)	Name of agent, executor, trustee or administrator
☐ Power of attorney	
☐ Health care proxy	
☐ Living will / health care directive	
☐ Last will and testament	
☐ Trust	

Which of these do you have?	Name of bank or company	Approx $
☐ Life insurance		
☐ Other death benefits		
☐ Long term care insurance		
☐ Bank account or money market		
☐ Second bank account		
☐ Third bank account		
☐ IRAs		
☐ Stocks		
☐ Bonds		
☐ Retirement fund		
☐ Prepaid funeral arrangements		

Income	Describe if needed	Monthly or Annually		Approx $
☐ Employer		☐	☐	
☐ Social Security		☐	☐	
☐ Disability		☐	☐	
☐ Pension		☐	☐	
☐ Interest / dividends		☐	☐	
☐ Rental property		☐	☐	
☐ Marital or child support		☐	☐	
☐ Other (describe)		☐	☐	

Do you own or rent your residence?	☐ Own ☐ Rent	Monthly payment	$
Amount left on mortgage	$	Approx value of home	$

Do you own any other real estate?	☐ Yes ☐ No
If yes, describe	

CLIENT NAME	

BENEFICIARIES: People or Organizations you would like to receive any part of your estate

1. **Name**	Age	Relationship	Special concerns, i.e., disability or ability to manage money

	Address	Phone	Email

I would like him / her / organization to receive the following:

Financial - Describe	**Property or items** - Describe

2. **Name**	Age	Relationship	Special concerns, i.e., disability or ability to manage money

	Address	Phone	Email

I would like him / her / organization to receive the following:

Financial - Describe	**Property or items** - Describe

CLIENT NAME	

3. Name	Age	Relationship	Special concerns, i.e., disability or ability to manage money

	Address		Phone	Email

I would like him / her / organization to receive the following:

Financial - Describe	

4. Name	Age	Relationship	Special concerns, i.e., disability or ability to manage money

	Address		Phone	Email

I would like him / her / organization to receive the following:

Financial - Describe	

CLIENT NAME	

BENEFICIARIES: People or Organizations you would like to receive any part of your estate

5. **Name**	Age	Relationship	Special concerns, i.e., disability or ability to manage money

Address	Phone	Email

I would like him / her / organization to receive the following:

Financial - Describe	

6. **Name**	Age	Relationship	Special concerns, i.e., disability or ability to manage money

Address	Phone	Email

I would like him / her / organization to receive the following:

Financial - Describe	