

# The Law Office Of Judy S. Mock, P.C.

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## ***Initial Consultation Checklist***

**The following documentation will be necessary for your Initial Meeting.**

### ***Photo Identification***

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Driver's License or Passport

Immigration Status

Birth Certificate

Social Security Card

Social Security Award Letter (Please contact SSA at (800) SSA-1213 to obtain a copy if necessary)

Are you a Veteran? If yes, please provide proof.

### ***Marital Status/ Familial Information***

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Photo Identification and Social Security Card for Spouse

Marriage certificate or Death Certificate of Spouse

Is your Spouse Disabled? If yes, please provide proof Disability.

Is your Child(ren) Disabled? If yes, please provide proof Disability.

Please provide name and addresses for each of your Child(ren).

If Child(ren) is not born into union with current Spouse, please specify other parent's information.

Photo Identification and Social Security Card for any Sibling(s) residing with Client

### ***Health Insurance Information***

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Health insurance Card

Medicare Card and Proof of Enrollment in Part A and/or Part B

Supplemental Insurance Card and Policy

Long-Term Care Insurance Card and Policy

## ***Financial Information***

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Copy of Deed(s)

Copy of any and all mortgage Invoices

Bank Statements – Please provide most recent four (04) months

Investment Accts: Stocks, Bonds, Mutual Funds, CDs, and etc. - Please provide most recent four (04) months

Business ownerships

Motor Vehicle Title(s)

Life insurance and Annuity Policies including values

Tax Returns - Please provide most recent three (03) years

Have you or your spouse made any transfers or gifts during the past FIVE years? If yes, please list all on a separate sheet of paper.

## ***Monthly Income***

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If employed , please provide most recent four (04) pay stubs

Social Security Award Letter

Income Verification (Pension, Other Sources) – Please provide most recent four (04) months

IRAs, Annuities

## ***Monthly Expenses***

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Mortgage Invoices or Rent receipts - – Please provide most recent four (04) months of bills

Utility Bills (Con-Edison, Telephone, Gas, Electric) – Please provide most recent four (04) months of bills

## ***Miscellaneous Information***

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Name, Address, and Telephone of Nursing Home and Social Worker

Funeral/Burial Agreements

Power of Attorney or Trust Agreements

Health Care Proxy and Other Advanced Directives

Have you ever applied for the Medicaid benefits? If yes, when?