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## Initial Consultation Checklist

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

### **IDENTIFICATION INFORMATION**

- Non-Expired Driver's License
- Non-Expired Passport
- Certification of Naturalization or other Proof of Immigration Status (i.e. green card)
- Birth Certificate
- Social Security Card

### MARITAL STATUS/ FAMILIAL INFORMATION

**SPOUSE:** Marriage Certificate or Judgment of Divorce or Death Certificate for Spouse Photo Identification and Social Security Card for Spouse Is your Spouse Disabled? If yes, please provide proof Disability.

CHILD: Name, date of birth, address, and telephone for each of your Child(ren).

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

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

Name of each Child(ren) residing with Client

**SIBLING:** Name, date of birth, and telephone for any Sibling(s) residing with Client

#### **HEALTH INSURANCE INFORMATION**

- Health insurance Card
- Medicare Card
- Supplemental Insurance Card and Policy
- Long-Term Care Insurance Card and Policy

## **ASSET INFORMATION**

- Copy of all deeds and recent mortgage invoices
- List and Proof of Business Ownerships: Stock Certificates, Operating Agreements, Shareholders and Agreements etc.
- Bank Statements: Please provide most recent four (04) months of statements
- Investments: Stocks, Bonds, Mutual Funds, 401K, IRA, Annuity, CDs, and etc. 0 Please provide most recent four (04) months of statements
- Copy of all Motor Vehicle Title(s)
- Copy of all Life insurance and Annuity Policies
- Tax Returns Please provide most recent three (03) years

## MONTHLY INCOME INFORMATION

- Current Social Security Award Letter: These are sent out by Social Security every January. If you do not have a copy, contact SSA at (800) SSA-1213 or go online to ssa.gov to order a new statement.
- Income Verification Information: Pensions, Veterans, Child support, Alimony, IRAs, Annuities, and all other sources of income
- IF EMPLOYED, please provide most recent four (04) pay stubs for you and your Spouse

# **MONTHLY EXPENSES**

- 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

- Name, Address, and Telephone of Nursing Home and Social Worker
- Health Care Proxy, Living Will, Power of Attorney and all other Advanced Directives
- Last Will and Testament -Do not remove staples of Original
- Trust Agreements
- Have you ever applied for the Medicaid benefits? If yes, when?
- 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.