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CONFIDENTIAL CLIENT DATA FORM - PERSONAL

DATE ___/___/___

Client 1: Full Legal Name: _____ () (___/___/___)
 (spell out entire name, including middle name, (Age) (Birth Date)
 e.g., John Quincy Smith)

Name for Signing Legal Documents: _____
 (the way you would sign your name,
 e.g., John Q. Smith)

Home Address: _____

Home Phone: _____ Cell Phone: _____ Bus. Phone: _____

Email Address: _____ Occupation (former, if retired): _____

Client2: Full Legal Name: _____ () (___/___/___)
 (spell out entire name, including middle name, (Age) (Birth Date)
 e.g., John Quincy Smith)

Name for Signing Legal Documents: _____
 (the way you would sign your name,
 e.g., John Q. Smith)

Home Address: _____

Home Phone: _____ Cell Phone: _____ Bus. Phone: _____

Email Address: _____ Occupation (former, if retired): _____

Relationship of Client1 & Client2 (e.g., Husband & Wife): _____

If married, date of marriage: ___/___/___ Number of Years: _____

If widowed, please fill in information about your late spouse above as "Client2" and indicate his or her date of death: _____

FAMILY INFORMATION

Full Name of Children and Full Address	Child of C1, C2, or Both?	Birthdate	Marital Status (M/S/D/W)	# of Children
1. _____	C1 C2 B	_____	M S D W	_____
2. _____	C1 C2 B	_____	M S D W	_____
3. _____	C1 C2 B	_____	M S D W	_____
4. _____	C1 C2 B	_____	M S D W	_____

KEY PLANNING INFORMATION

- 1. Are all of the above (Client1, Client2, children, grandchildren) U.S. citizens? _____
- 2. Are all of the above children living? _____
- 3. Are there any persons other than your own minor children who are dependent upon you or who live with you? _____
- 4. Does your spouse/partner or any of your children or grandchildren require special attention? (Consider, for example, their educational, mental, or physical needs.) _____
 - a. If children or grandchildren with special needs, do they have significant independent financial resources? _____
- 5. Did you and your spouse ever sign a pre- or post-marriage contract? _____
- 6. Does any family member receive Social Security or other benefits? _____
- 7. Are you or your spouse (or deceased spouse) a veteran? YES NO
 - a. If so, approximately when did you begin and end service? _____
 - b. If a veteran, do you presently receive any veteran disability benefits? _____
- 8. Does your town entitle you to veterans, disability, or elderly real estate tax breaks on your home? _____
- 9. Do you presently have a Living Trust or a Will? _____
- 10. Have you ever filed a Federal Gift Tax Return or made a taxable gift? _____
- 11. Have either you or your spouse been divorced or widowed? _____
- 12. Have you lived in any of the following states while married to your current spouse? (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin) _____
- 13. Do you own your home with anyone other than your spouse? _____
- 14. Do you have a Long-Term Care Insurance Policy? _____

KEY ADVISORS

CPA: _____ Personal Bank & Banker: _____

Financial Advisor: _____ Insurance Agent: _____

Family or
Business Attorney: _____