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INITIAL CONSULTATION INTERVIEW FORM

Please complete the following information as best you can prior to our interview, and answer all questions as they pertain to all items owned by the client or the client's spouse. Bring this information with you during our initial consultation. If you have any questions, please feel free to call Deborah Oliver at 205-967-1010.

- 1. Please briefly explain your primary objectives for the consultation and any concerns that you have:**

Would you like to receive communication from our office, including firm announcements and newsletters? If left blank, we will not send communications to you (other than communications pertaining to your file) Yes _____ No _____

2. Client Information (This is the person about whom the meeting concerns)

Please Circle: Mr. Mrs. Ms. Miss

Name of Client: _____

Social Security #: _____

Date of Birth: _____

Current Address: _____

County of Residence: _____

Primary Phone #: _____

Primary Email Address: _____

Will the Client be Present at the Meeting? (Please circle) Yes No

Are you the Client? (Please circle) Yes No

Is the Client a Veteran? (Please Circle) Yes No

Where was the Client Born? (City, State) _____

How long has the Client Resided in the State of Alabama? _____

Please Fill Out the Information Below If Applicable to the Client

Name of Hospital: _____

Hospital Admission Date: _____

Nursing Home: _____

Nursing Home Admission Date: _____

If in Nursing Home, Name of Pharmacy: _____

If in Nursing Home, Name of Primary Physician: _____

3. Spouse Information

Name of Spouse: _____

Social Security #: _____

Date of Birth: _____

Current Address: _____

Primary Phone #: _____

3. Spouse Information (Continued)

Is/Was Spouse a Veteran _____

Date of Client and Spouses Marriage _____

Is Spouse Living? _____

Date Marriage Ended _____ By Death _____ Or Divorce _____

4. List all income received by the client.

Source	Amount	Frequency

5. List all income received by the client's spouse.

Source	Amount	Frequency

Do any of these income sources have any deductions for taxes, health insurance, life insurance, prescription coverage, association dues, or any other reasons? _____.
If so, please bring stubs or statements of deposit showing the deductions including the amount of the deduction

6. List all open bank accounts, savings accounts, and certificates of deposit, in the client's name or the client's spouse's name. Please list any account on which the client's or spouse's name appears. This could include another family member's account.

Bank/Institution Name	Type of Account	Name(s) on Account	Account Number	Last Statement Balance

7. Please list IRA's, 401(k)'s, pension plans, and retirement savings in the client's name or the client spouse's name.

Institution Name	Type of Account	Name(s) on Account	Account Number	Balance	Beneficiary(s)

9. List all owned by the client or the client's spouse.

Bank/Institution Name	Name(s) on Account	Account Number	Last Statement Balance	Beneficiary(s)

8. List all other financial documents or arrangements that may have value (including, but not limited to, stocks, bonds, promissory notes, mortgages, leases and trusts). This can include another family member's name.

Item	Owner	Value

10. List all insurance policies owned by the client or the client's spouse. (Include all employer, association and group term policies).

Company	Policy #	Name of Owner	Name of Insured	Face Value	Cash Value	Beneficiary(s)

11. List all insurance policies that the client or the client's spouse have allowed to lapse or have surrendered for cash in the last five (5) years.

Company	Policy #	Name of Owner	Name of Insured	Face Value	Cash Value

12. List all accounts closed for the past five (5) years. Include all accounts bearing the client's name or the client's spouse's name when closed. Also, list all accounts on which the client's or the client's spouse's name(s) have been removed for the past five (5) years.

Bank Name	Name(s) on Account	Account Number	Balance of Account when Closed or name removed	Was the balance transferred? If so, Where?

13. List all real estate that the client or the client's spouse currently own. Please include all inherited or family property.

Owner(s)	Address	Date Sold	Price Paid	Tax Assessor's Fair Market Value	Current Market Value	Exempt Status on Taxes Y/N

14. List all real property sold or transferred by the client or the client's spouse in the last five (5) years.

Owner(s)	Address	Date Sold	Price Paid	Tax Assessed Value When Property Transferred	Purchaser/Person Whom Property was Transferred

15. List all gifts greater than \$200.00 given away over the last five (5) years.

Item	Date	Person(s) Receiving Gift	Value or Amount

16. List all Health Insurance and/or Long Term Care Insurance (Medicaid, Medicare Supplement, Prescription, Hospital). Indicate how the premium is paid (deduction from check, auto draft, check written as employer provided).

Insured Person	Company	Policy Type	Source of Payments	Premium

17. List all vehicles owned within the past five years.

Owner(s)	Year/Make Model	Date Sold Or Do You Still Own?	Value

18. Please list all of the client's and client's spouse's children's information.

Names of Children	Address	Telephone Number	Date of Birth

19. Please list the following:

Name of Tax Advisor/Accountant: _____

Financial Advisor or Broker: _____

Insurance Advisor/Agent: _____

20. Please circle "Yes" or "No" to the following questions

Do you have Homeowners Insurance? Yes No

Do you have Life Insurance? Yes No

Do you have Health Insurance? Yes No

Have you filed Income Taxes for the last 3 years? Yes No

When was the last year your Income Taxes were filed? _____

21. Does either spouse have a child who is disabled or in need of special care? Yes _____ No _____

If Yes, please list the name of the child and type of disability or special needs.

22. Do any relative(s) (children, siblings, etc.) live with the client or client's spouse in their home? Yes _____ No _____

If Yes, please name relative(s)

23. Do you have a prearranged funeral plan? Yes _____ No _____

If Yes, what funeral home? _____

24. List all of the burial policies or burial arrangements (burial, casket, vault and monument) that the client or the client's spouse owns. Include all policies that are owned whether or not they have been turned over to a funeral home.

25. Does the client or the client's spouse own any burial spaces or lots? Yes _____ No _____

If Yes, indicate where and how many spaces?

26a. Does the client or the client's spouse have a safety deposit box? Yes No

Bank	Branch	Box Number	Contents of Safety Deposit Box

26b. Is anyone else listed as having access to this box? Yes No

27. Identify any collectibles such as art, coin collections and antiques.

28. Does the client have bank and financial records dating back five years? Yes No

(You do not need to bring these records for our initial consultation. However, these records may be needed for other work such as Medicaid or Estate Planning).

OBJECTIVES

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Please check any or all items that may be of interest to you

Medicaid Qualification		
Preserving Assets for Long Term Care Needs		
Planning Your Estate		

How do you want your assets to be used during your life?

How do you want your assets to pass at your death?

Do you want to provide for certain individuals? Yes No

If Yes, For Whom _____

Protection of Assets: Yes No

If yes, for whom? _____

Do you have a Will? Yes No

When was it signed? _____

Do you have a Durable Power of Attorney? Yes _____ **No** _____

Who will make your business decisions for you if you cannot act? _____

Do you have anyone you can trust with your financial or your health decisions?

Yes _____ **No** _____

Do you have a Health Care Proxy? Yes _____ **No** _____

Do you have a Living Will? Yes _____ **No** _____

Do you want to provide for any family members or other individuals who may be disabled or who may be residing in a nursing home?

Yes _____ **No** _____

Are you concerned about paying for care at home? Now ____ **Future** ____

Are you concerned about paying for assisted living? Now ____ **Future** ____

Are you concerned about paying for Nursing Home Care? Now ____ **Future** ____

How did you find out about our services? (Please include name and address, if available).

Signature

Date

Signature

Date

Directions From I-59-20 or I-65:

- Take I-65 to I-59
- Take I-59 towards Birmingham
- Get off at Carraway Boulevard / 280 Exit
- You will be on the Red Mountain Expressway
- Bear towards the right at the Sylacauga / Zoo / Gardens 280 exit
- Continue for approximately 5 minutes down 280
- You will pass the Water Works on your right
- Look to your right for the Cahaba Heights (PUMP HOUSE ROAD) exit sign, (it's small, so look close - it is approx. $\frac{1}{4}$ - $\frac{1}{2}$ mile from intersection)
- Take that exit
- At the stop sign, turn left
- Go over the bridge
- We are $\frac{1}{2}$ mile on left

From 459:

- Get off at the Mountain Brook / Inverness / 280 exit, (at the Summit) • Head west on 280 back towards Birmingham
- Pass Summit on your right • Go approx. 1 mile • Look for the bridge that crosses 280
- Immediately after passing under the bridge, take the exit to your right, (this comes up quick, so make sure you slow down accordingly)
- At the stop sign turn left
- We are $\frac{1}{2}$ mile on left

Items to Bring With You

1. Powers of Attorney
2. Durable Power of Attorney for Financial/Business Decisions
3. Health Care Power of Attorney
4. Advanced Directive or Living Will
5. HIPAA Releases (If Applicable)
6. Last Will and Testament
7. Any Trusts you have created for yourself or anyone else
8. Any Trusts in which you are the Beneficiary of the Trustee

