



Plan Right Law
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General Intake Form- Medicaid Planning

This checklist has been created to gather important information about you and your legal matter. Please let us know if you have any questions.

Section 1 – Personal & Family Info

| | |
|-------------------------------|--|
| Full name: | |
| Address: | |
| Telephone (Home, Work, Cell): | |
| Email: | |
| Date of Birth: | |

Marital Status: Married Single Divorced Widowed Life Partner

Spouse Information (if applicable)

| | |
|-------------------------------|--|
| Full name: | |
| Address: | |
| Telephone (Home, Work, Cell): | |
| Email: | |
| Date of Birth: | |

Children (indicate if parents are not those listed above):

| Name: | Date of Birth: | Address: | Phone: |
|-------|----------------|----------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Does any child have special needs? _____

Section 2 – Additional Info

1. Do you own a home?

YES

NO

2. What is the approximate value of your estate? Include your home, real estate, business interests, investments, retirement accounts, personal property, and any expected inheritance:

3. What is your monthly income, including social security, pensions, retirement funds?

Section 3 – Matter Info

1. Do you have a will and/or a trust?

2. Do you have a Medical or Health Care Power of Attorney?

3. Name/phone of financial advisor: _____

4. Name/phone of CPA/accountant: _____

5. How did you hear about Plan Right Law?

6. Briefly explain why you want to meet with an attorney & the nature of your legal concerns:

