G&A

GIRO & ASSOCIATES, LLC

ELDER LAW - ESTATE PLANNING - MEDICAID & ASSET PROTECTION

1060 Main Street, Suite 303, River Edge, NJ 07661 - (201) 771-9436 - maurice@girolaw.com

Elder Law & Estate Planning Intake Questionnaire

Please complete what you can before your consultation. Blanks are fine - we'll finish together.
Everything you share is confidential and protected by attorney-client privilege.

YOUR INFORMATION

Full legal name		Preferred name	
Date of birth		Place of birth	
Cell phone		Email	
Home address			
U.S. citizen?		Military service?	
Marital status		Language(s)	

SPOUSE / PARTNER (IF APPLICABLE)

Full legal name		Date of birth	
Cell phone		Email	
Prior marriages?		Date of marriage	

CHILDREN & DEPENDENTS

Include children from any relationship, and note if any have special needs or receive government benefits.

Full name	Date of birth	Relationship	Special needs / notes

PEOPLE YOU TRUST (FIDUCIARIES)

Who would you trust to act for you? List a first choice and an alternate for each role. Leave blank if unsure.

Executor (1st)		Executor (alt.)	
Financial POA (1st		Financial POA (alt.	

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Health proxy (1st) | Health proxy (alt.)

Trustee (1st) | Trustee (alt.)

Guardian for minor children

EXISTING DOCUMENTS

Check anything you already have. Bring a copy if you can - even outdated documents help.

- ☐ Last Will & Testament
- ☐ Revocable Living Trust
- ☐ Irrevocable Trust
- ☐ Financial Power of Attorney
- ☐ Health Care Directive
- ☐ Living Will
- ☐ Special Needs Trust
- ☐ Deed(s) to real estate
- ☐ Long-term care insurance
- ☐ Prenup / Postnup
- ☐ Prior gift/trust docs
- ☐ None of the above

YOUR GOALS & CONCERNS

What prompted you to reach out? What worries you most? (e.g., protecting a home, planning for nursing-home costs, providing for a child with disabilities, avoiding probate, blended family planning.)