

# TIMOTHY M. AYRES, LLC

Timothy M. Ayres, Esquire

Tonilyn Chippie Kargo, Esquire

Lauren Cascino Presser, Esquire

Date: \_\_\_\_\_

Who is attending the appointment today? \_\_\_\_\_

Who completed this form? \_\_\_\_\_

Type of appointment: Medicaid/Nursing Home Planning (Elder Law)

## CLIENTS' PERSONAL INFORMATION:

Client's Name (this is the person for whom we are planning):

Spouse's Name:

\_\_\_\_\_  
(First) (Middle) (Last)

\_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Township/Borough: \_\_\_\_\_

Township/Borough: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Death (if applicable): \_\_\_\_\_

**\*WHERE WOULD YOU LIKE US TO SEND INVOICES AND OTHER CORRESPONDENCES?**

c/o: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**CHILDREN**

Please provide full legal names, oldest to youngest. List predeceased children.

1. **Name/Age:** \_\_\_\_\_ **Contact Number:** (\_\_\_\_) \_\_\_\_\_  
**Spouse's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Children's Names/Ages:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Name/Age:** \_\_\_\_\_ **Contact Number:** (\_\_\_\_) \_\_\_\_\_  
**Spouse's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Children's Names/Ages:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Name/Age:** \_\_\_\_\_ **Contact Number:** (\_\_\_\_) \_\_\_\_\_  
**Spouse's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Children's Names/Ages:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Name/Age:** \_\_\_\_\_ **Contact Number:** (\_\_\_\_) \_\_\_\_\_  
**Spouse's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Children's Names/Ages:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we speak with your children, if necessary?  Yes  No

<b>How were you referred to us? (Check one):</b> EZ-to-Use Directory <input type="checkbox"/> Tribune Democrat <input type="checkbox"/> Friend (Name _____) <input type="checkbox"/> TV Ad <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Attorney (Name) _____ <input type="checkbox"/>
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