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## PLANNING QUESTIONNAIRE FOR CLIENT WITH SPECIAL NEEDS

Please complete the following questionnaire to the best of your abilities. This information is most helpful to us so that we may properly plan for you. We will review this information at our meeting. The client is the person for whom planning is being implemented.

**DO NOT BE CONCERNED THAT YOU CANNOT ANSWER ALL OF THE QUESTIONS.**

PERSONAL INFORMATION			Date of Birth:	Social Security Number:
Client (Person with): (Special Needs)	Last	First	M.I.	
Spouse:				
Address:				
	Street	Town		State & Zip Code
Telephone:				
	Home	Fax/Email		Business
Military Service:				
	Client	Spouse		
Citizenship:				
	Client	Spouse		
STATUS OF HEALTH:				
Physical Condition:				
	Client			
Mental Condition:				
	Client			
Physical Condition:				
	Spouse			
Mental Condition:				
	Spouse			
Contact Person	Last	First	M.I.	Relationship
Address:				
	Street	Town		State & Zip Code
Telephone:				
	Home and Business/Cell		Fax	Email

**Note:** Also, please bring the following Documents to our meeting, if available and applicable: (a) Will(s), (b) Power(s) of Attorney, (c) deed to residence and real properties with tax bills, (d) last two years tax returns, (e) life and health insurance policies, (f) Beneficiary designation on all retirement plans and life insurance policies and (g) any other documents or information you deem relevant.

Russo Law Group, P.C. Use Only (May 2021)

Matter No.: \_\_\_\_\_ Date: \_\_\_\_\_

(This area is for immediate family members and closest living relatives, if applicable)

Name	Address	Telephone #	Fax#	Email

		Client	Spouse
		<u>Yes/No</u>	
<b>A.    <u>General Information</u></b>			
•    Are you covered by Social Security/Disability? .....		_____	_____
•    Do you have Supplemental Security Income? .....		_____	_____
•    Do you have a Will? .....		_____	_____
If so, date of Will _____			
•    Do you have a Durable Power of Attorney? .....		_____	_____
•    Do you have a Health Care Proxy? .....		_____	_____
•    Do you have a Living Will? .....		_____	_____
•    Do you have a Living Trust? .....		_____	_____
•    Do you have a Guardian or Stand-by-Guardian appointed for you? .....		_____	_____
If so, please name _____			

## B. Health Care Information

Do you have?

(i) Major Medical (Name of Carrier).....

Yes/No

(ii) Medicare ..... Part A \_\_\_\_\_ Part B \_\_\_\_\_

Part A

Part B

(iii) Supplemental Medicare Insurance ..... Part C \_\_\_\_\_ Part D \_\_\_\_\_

Part C

Part D

Yes/No

(iv) Long Term Care Insurance .....

Name of Carrier: \_\_\_\_\_

(Please provide a copy of the Long Term Care Policy)

Do you receive Medicaid Benefits? .....

Do you receive Veteran's Benefits? .....

Is anyone (other than the client)  
in your family disabled or with special needs? .....

Is anyone else at risk because of  
medical condition or family history  
for becoming seriously ill or disabled? .....

If you were unable to make health care decisions for yourself, who would you want to make those decisions for you? (list in priority order)

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If you were unable to make financial business decisions, who would you want to pay bills, make investment decisions and carry out other financial transactions for you? (list in priority order)

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Do you have special financial or care giving  
Responsibilities for any family members? .....

**C. Other Questions:**

**Yes/No**

Does someone prepare your taxes? ..... \_\_\_\_\_

If yes, Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Do you consult with someone about investments? ..... \_\_\_\_\_

If yes, Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Do you have any other advisors? ..... \_\_\_\_\_

If yes, Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Are you involved in a lawsuit? ..... \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you transferred any assets for less than full consideration  
(i.e. made a gift) within the last thirty-six (36) months? ..... \_\_\_\_\_

If so, please provide name of person gift was made to, description of gift, value of gift, date of gift and  
if a gift tax return was filed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. Income and Expenses**

Please list your estimated monthly income and health care expenses.

**Monthly Income**

<b><u>Income</u></b>	<b><u>Client</u></b>	<b><u>Spouse</u></b>	<b><u>Monthly Total</u></b>
Social Security	_____	_____	_____
Interest	_____	_____	_____
Dividends	_____	_____	_____
Pension Benefits	_____	_____	_____
IRA Benefits	_____	_____	_____
Rental Income	_____	_____	_____
Capital Gains (Losses)	_____	_____	_____
Annuities	_____	_____	_____
Other Taxable Income	_____	_____	_____
Other Non-Taxable Income	_____	_____	_____
	_____	_____	_____
<b>Total Income</b>	=====	=====	=====

**Monthly Health Care Expenses**

	<b><u>Client</u></b>	<b><u>Spouse</u></b>	<b><u>Monthly Total</u></b>
Home Care	_____	_____	_____
Insurance Premiums	_____	_____	_____
Prescription drugs	_____	_____	_____
Nursing Home	_____	_____	_____
Unpaid Medical Bills	_____	_____	_____
Other	_____	_____	_____
Total Expenses	=====	=====	=====

**ASSETS****1. Real Estate**

<u>Owner</u>	<u>Location</u>	<u>Estimated Value</u>	<u>Mortgage Balance</u>	<u>Cost Basis</u>
_____	(a) _____	_____	_____	_____
_____	(b) _____	_____	_____	_____
_____	(c) _____	_____	_____	_____
_____	(d) _____	_____	_____	_____

Do you receive a veteran's exemption on your primary residence? ..... ( )Yes ( )No

Do you receive a senior citizen's exemption on your primary residence?..... ( )Yes ( )No

How much do you pay each year in real estate taxes? \_\_\_\_\_

Do you believe your property is over assessed? ..... ( )Yes ( )No

If you receive rental income, please describe:

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**2. Cash, Bank Accounts and Certificates of Deposit**

<u>Owner</u>	<u>Name of Financial Institution (Institution &amp; Account Numbers)</u>	<u>Value of Account</u>
Cash	.....	\$ _____
Checking Accounts		
_____	_____	\$ _____
_____	_____	\$ _____
Savings/Money Market Accounts		
_____	_____	\$ _____
_____	_____	\$ _____

(continued on next page)

<u>Owner</u>	<u>Name of Financial Institution (Bank Account Number and Maturity Date)</u>	<u>Value of Account</u>
<b>Certificates of Deposit</b>		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<hr/>		
<b>3. Stocks and Bonds</b>		
<u>Owner</u>	<u>Description</u>	<u>Value of Asset</u>
<b>Individually Held (i.e. Stock, Number of Shares)</b>		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>Brokerage Accounts (Name of Financial Institution)</b>		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>Mutual Funds (Name of Financial Institution)</b>		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>Savings Bonds (i.e.: EE, E, H Bond)</b>		
_____	_____	\$ _____
_____	_____	\$ _____

#### 4. Life Insurance

<u>Owner</u>	<u>Company</u>	<u>Face Amount</u>	<u>Cash Value</u>	<u>Insured</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

#### 5. Retirement Benefits

<u>Owner</u>	<u>Description</u>	<u>Beneficiary</u>	<u>Current Value of Account</u>
	Pension		
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
	401(K) Plan		
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
	IRA Accounts		
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

#### 6. Annuities, Mortgages and Notes (money owed to you)

<u>Owner</u>	<u>Description</u>	<u>Beneficiary</u>	<u>Date Annuity Purchased</u>	<u>Current Value of Account</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____



7. **Tangible Personal Property**

<u>Owner</u>	<u>Location</u>	<u>Value of Asset</u>
Home Furnishings		
_____	_____	\$ _____
_____	_____	\$ _____
Automobiles		
_____	_____	\$ _____
_____	_____	\$ _____
Jewels and/or Furs		
_____	_____	\$ _____
_____	_____	\$ _____
Other (Collections, etc.)		
_____	_____	\$ _____
_____	_____	\$ _____
Safe Deposit Boxes	(    ) Yes	(    ) No
Is there a deputy on the box?	(    ) Yes	(    ) No

<u>Owner</u>	<u>Location of Box</u>	<u>Contents</u>	<u>Location of Key</u>	<u>Estimated Value of Contents</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. **Business Interest(s)** (i.e., partnership, corporate interests or sole proprietorships).

\_\_\_\_\_

\_\_\_\_\_

9. Miscellaneous

## COMMENTS

### LIABILITIES: (Debt owed by you or your spouse, contractual and leasehold obligations, pending lawsuits and claims, etc.)

<u>Description</u>	<u>Name of Debtor</u>	<u>Amount</u>	<u>When Due</u>
<b>1. General Debts</b>			
Notes and accounts payable by you			
Loans on life insurance policies			
Unsecured promissory notes			
General obligations			
Unpaid Medical Bills			
Other			
<b>2. Mortgage Payables</b>			
Home Mortgage			
Other Mortgages			
Total Liabilities			

## SUMMARY OF ASSET AND LIABILITY VALUES

ASSETS	Value of Asset in Client's Name Only	Value of Asset in Joint Name	Value of Asset in Spouse's Name	Total
1. Real Estate				
2. Cash				
Checking				
Savings/Money Market				
Certificates of Deposit				
3. Stocks and bonds				
Individually held				
Brokerage				
Mutual Funds				
Savings Bonds				
4. Life Insurance (face value)				
5. Retirement Benefits				
Pension				
401(K)				
IRA Accounts				
6. Annuities, Mortgages and Notes				
7. Personal Property				
8. Business Interests				
9. Miscellaneous				
<b>Total Assets</b>				
<b>LIABILITIES</b>	In Client's Name	In Joint Name	In Spouse's Name	Total
1. Debt				
2. Mortgage Payables				
<b>Total Liabilities</b>				
<b>NET WORTH (Assets Less Liabilities)</b>				