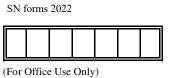
RUTHANN P. LACEY, P.C.
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3212 Northlake Parkway, NE, # 451167
Atlanta, Georgia 30345
Telephone: (770) 939-4616 Facsimile: (770) 939-1758
www.elderlaw-lacey.com



CONFIDENTIAL INFORMATION Section One: Personal Information

Please complete all blanks; use "not applicable" or "N/A" if appropriate

HOME ADDRESS: RESIDENCE ADDRESS: (Iff different from home address) (City) (County) (County) (State) (Zip Code) CELL PHONE: HOME PHONE: E-MAIL: SS#: DRIVER'S LIC. # (State): NAME OF EMPLOYER / FORMER EMPLOYER: ADDRESS OF EMPLOYER: DATE OLSABILITY BEGAN: (First) (Middle) (Last) CELL PHONE: HOME PHONE: E-MAIL: NAME OF EMPLOYER: (First) (Middle) HOME PHONE: E-MAIL: NAME OF EMPLOYER: ADDRESS OF EMPLOYER: HOME PHONE: E-MAIL: NAME OF EMPLOYER: ADDRESS OF EMPLOYER:	NAME OF IN	DIVIDUAL:	(First)	(Middle)	/Loot	
(If different from home address) (Name of Facility and Street Address) (City) (County) (County) (State) (Zip Code) CELL PHONE: E-MAIL: SS#:	HOME ADDI	RESS:	,	, ,	(Last	
(Rame of Facility and Street Address) (City) (County) (County) (County) (County) (State) (Zip Code) CELL PHONE: B-MAIL: B-MAIL: SS#: DRIVER'S LIC. # (State): NAME OF EMPLOYER / FORMER EMPLOYER: ADDRESS OF EMPLOYER: AGE: DATE OF BIRTH: PLACE: MARITAL STATUS: DATE DISABILITY BEGAN: VETERAN? SPOUSE: (First) (Middle) (Last) RESIDENCE ADDRESS: CELL PHONE: HOME PHONE: E-MAIL: NAME OF EMPLOYER: AGE: DATE OF BIRTH: PLACE: MARITAL STATUS: MARITAL STATUS: MARITAL STATUS: MARITAL STATUS: DATE OF BIRTH: PLACE: MARITAL STATUS:						
City (County) (State) (Zip Code)	RESIDENCE	ADDRESS:				
CELL PHONE: HOME PHONE:	(If diff	ferent from home address)	(Name of Fac	ility and Street Address)		
E-MAIL: SS#:		(City)	(County)		(State)	(Zip Code)
SS#: DRIVER'S LIC. # (State):	CELL PHONI	E:	I	HOME PHONE:		
SS#: DRIVER'S LIC. # (State):	E-MAIL:					
AGE: DATE OF BIRTH: PLACE: MARITAL STATUS: DATE DISABILITY BEGAN: VETERAN? SPOUSE: (First) (Middle) (Last) RESIDENCE ADDRESS: HOME PHONE: HOME PHONE: ADDRESS OF EMPLOYER: ADDRESS OF EMPLOYER: AGE: DATE OF BIRTH: PLACE: MARITAL STATUS:						
AGE: DATE OF BIRTH: PLACE: MARITAL STATUS: DATE DISABILITY BEGAN: VETERAN? SPOUSE: (First) (Middle) (Last) RESIDENCE ADDRESS: HOME PHONE: E-MAIL: NAME OF EMPLOYER: AGE: DATE OF BIRTH: PLACE: MARITAL STATUS: MARITAL	NAME OF EM	MPLOYER / FORMER EM	IPLOYER:			
DATE DISABILITY BEGAN:	ADDRESS O	F EMPLOYER:				
SPOUSE: (First) (Middle) (Last) RESIDENCE ADDRESS: CELL PHONE: HOME PHONE: E-MAIL: NAME OF EMPLOYER: ADDRESS OF EMPLOYER: AGE: DATE OF BIRTH: PLACE: MARITAL STATUS:	AGE:	DATE OF BIRTH:	PLACE:		MARITAL :	STATUS:
RESIDENCE ADDRESS: CELL PHONE: HOME PHONE: E-MAIL: NAME OF EMPLOYER: ADDRESS OF EMPLOYER: AGE: DATE OF BIRTH: PLACE: MARITAL STATUS:	DATE DISAE	BILITY BEGAN:			VETERAN?	
RESIDENCE ADDRESS: CELL PHONE: HOME PHONE: E-MAIL: NAME OF EMPLOYER: ADDRESS OF EMPLOYER: AGE: DATE OF BIRTH: PLACE: MARITAL STATUS:	SPOUSE:					
CELL PHONE: HOME PHONE:					, ,	
E-MAIL: NAME OF EMPLOYER: ADDRESS OF EMPLOYER: AGE: DATE OF BIRTH: PLACE: MARITAL STATUS:	RESIDENCE	ADDRESS:				
NAME OF EMPLOYER: ADDRESS OF EMPLOYER: AGE: DATE OF BIRTH: PLACE: MARITAL STATUS:	CELL PHONI	E:	F	HOME PHONE:		
ADDRESS OF EMPLOYER:	E-MAIL:					
AGE: DATE OF BIRTH: PLACE: MARITAL STATUS:	NAME OF EM	MPLOYER:				
	ADDRESS O	F EMPLOYER:				
	AGE:	DATE OF BIDTU.	DI ACE.		MADITAL	STATUS:

Section Two: Family Information

(First) (Middle) RESIDENCE ADDRESS:	(Last)	
RESIDENCE ADDRESS:		
CELL PHONE: HOME PHONE:		
E-MAIL:		
SS#: DRIVER'S LIC. # (State):	VETERAN?	
NAME OF EMPLOYER / FORMER EMPLOYER:		
ADDRESS OF EMPLOYER:		
AGE: DATE OF BIRTH: PLACE:	MARITAL STATUS:	
SPOUSE:		
SPOUSE: (First) (Middle)	(Last)	
CELL PHONE: HOME PHONE:		
SS#: DRIVER'S LIC. # (State):		
NAME OF EMPLOYER /FORMER EMPLOYER:		
ADDRESS OF EMPLOYER:		
CELL PHONE: VETERAN?		
AGE: DATE OF BIRTH: PLACE:		
SIBLINGS: NAME: AGE: Live w	vith person in section 1?	
NAME: AGE: Live w	vith person in section 1?	
NAME: AGE: Live w	rith person in section 1?	
NAME: AGE: Live w	vith person in section 1?	
Nistana of lacel advice you are earlier.		
Nature of legal advice you are seeking:		
How did you learn about our office?		
	Date	

Section Three: Financial Information (page 1 of 2)

I.	Publ	lic Ben	efits:		
	Is pe	rson in	section 1 presently eligible for	SSDI? Date Eligi	bility Began:
	Is pe	rson in	section 1 presently eligible for	SSI? Date Eligibility	Began:
	_		section 1 presently eligible for		_
			section 1 presently the benefici		
				Individual	Parent or Spouse
II.	Inco	me:			-
	A.	SSD	I benefits	\$	\$
	В.	SSI	benefits	\$	\$
	C.	Emp	ployment Income	\$	\$
	D.	Oth	er Income		
		Sou	rce:	<u> </u>	
			rce:	\$	
			rce:		\$
			rce:		\$
	Tota	ıls:		\$	\$
III.	Asse	ts:			
	A.	Rea	l Estate		
		1.	Homeplace	Market value:	\$
			-		·
			Name(s) on deed:		
			Date of purchase:		\$
		2.	Other Real Property	Market value:	\$
			Address:		
			Name(s) on deed:		
			Date of purchase:	Price:	\$
			Mortgage balance: \$		
	В.	Life	Insurance		
		1.	Term or Whole?	\$	\$
		2.	Term or Whole?	 \$	\$ \$

Section Three: Financial Information (page 2 of 2)

C.	Veh	icles				
	1.	Make/Year:	Market v	alue: \$		
		Name(s) on Title:				
	2.	Make/Year:	Market v	alue: \$		
		Name(s) on Title:				
			Individual	Parent or Spor		
D.	Bank Accounts (if joint, list names on separate sheet, by number)					
	1.	Checking; Avg. Balance: Bank:	\$			
	2.	Checking; Avg. Balance: Bank:		\$		
	3.	Savings; Balance: Bank:	\$			
	4.	Savings; Balance: Bank:		\$		
	5.	Other Accounts; Value: Bank:	\$			
	6.	Other Accounts; Value: Bank:		\$		
Е.	Investments					
	Inve	stment or Securities Account	\$	\$		
	Stoc	ks and Bonds	\$	\$		
	Ann	uities	\$	\$		
	Pens	sion Fund	\$	\$		
	IRA/SEP Account		\$	\$		
	Note	es Receivable	\$	\$		
	Othe	er	\$	\$		
	Othe	er	\$	\$		
F.	Pres	sent Value of Assets	\$	\$		

(attach additional sheets as necessary)