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**CLIENT INFORMATION/INTAKE FORM**

**I. FAMILY HISTORY**

Client/Husband

Client/Wife

*Full Name:* \_\_\_\_\_ *Full Name:* \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
\_\_\_\_\_ (if different) \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_ (if different)

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

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

U.S. Citizen?: \_\_\_\_\_ U.S. Citizen?: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Annual Income: \_\_\_\_\_

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

Work Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Any Previous Marriages? \_\_\_\_\_ Any Previous Marriages? \_\_\_\_\_

Any Children by a Previous Marriage? \_\_\_\_\_ Any Children by a Previous Marriage? \_\_\_\_\_

## Children of This Marriage

1. Child's Name: \_\_\_\_\_ 2. Child's Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Child's Spouse: \_\_\_\_\_ Child's Spouse: \_\_\_\_\_

Child's Children: \_\_\_\_\_ Child's Children: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Child's Name: \_\_\_\_\_ 4. Child's Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Child's Spouse: \_\_\_\_\_ Child's Spouse: \_\_\_\_\_

Child's Children: \_\_\_\_\_ Child's Children: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Child's Name: \_\_\_\_\_ 6. Child's Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Child's Spouse: \_\_\_\_\_ Child's Spouse: \_\_\_\_\_

Child's Children: \_\_\_\_\_ Child's Children: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Children of Any Other Marriage

1. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_
2. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_
3. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_
4. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_
5. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_
6. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

### Clients' Parents/Siblings

#### 1. Husband

Father: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Sibling(s): \_\_\_\_\_

Name:	Address	Phone Number
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Sibling(s): \_\_\_\_\_

Name:	Address	Phone Number
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Sibling(s): \_\_\_\_\_

Name:	Address	Phone Number
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Sibling(s): \_\_\_\_\_

Name:	Address	Phone Number
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Sibling(s): \_\_\_\_\_

Name:	Address	Phone Number
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#### 2. Wife

Father: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Sibling(s): \_\_\_\_\_

Name:	Address	Phone Number
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Sibling(s): \_\_\_\_\_

Name:	Address	Phone Number
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Sibling(s): \_\_\_\_\_

Name:	Address	Phone Number
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Sibling(s): \_\_\_\_\_

Name:	Address	Phone Number
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Sibling(s): \_\_\_\_\_

Name:	Address	Phone Number
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**Disability**

1. Does a member of your family have a disability? \_\_\_\_\_ If so, who? \_\_\_\_\_
2. Where does he/she live? \_\_\_\_\_
3. Does he/she work? \_\_\_\_\_ If so, where? \_\_\_\_\_
4. How much does he/she earn (monthly)? \_\_\_\_\_
5. **Does he/she receive any State or Federal aid? \_\_\_\_\_ If so, sources of aid (monthly):**  
**SSI \_\_\_\_\_ SSDI \_\_\_\_\_ AHH \_\_\_\_\_ Medicaid \_\_\_\_\_ Medicare \_\_\_\_\_**
6. Other sources of aid and amount: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Does he/she receive services through Community Mental Health or any other agency?  
\_\_\_\_\_ If so, indicate the agency or service: \_\_\_\_\_

**Assets**

1. Real Estate (**Please Bring Copy of Current Deed(s)**)

Address of Property	Name in which the property is held	Fair Market Value	Mortgage Amount

## 2. Stocks, Bonds and other Securities

Description of the Security	Number or Amount of Shares	Name in which securities are held	Fair Market Value	Basis

## 3. Life Insurance Policies

Name of Company	Name of Insured	Name of Beneficiary	Whole or Term	Death Benefit	Cash Value

#### 4. Retirement Plans

(Under “Type and Company or Location,” please describe the type of retirement plan, such as pension plan, IRA, 401(k), profit sharing plan, etc. Also, indicate the name of the Company sponsoring the plan or the name of the bank or brokerage acting as custodian of your IRA.)

<b>Owner Participant</b>	<b>or</b>	<b>Type and Company or Location</b>	<b>Benefit or Value of the Account</b>	<b>Beneficiary</b>

#### 5. Savings and Checking Accounts

<b>Type and Account Number</b>	<b>Name in which account is held</b>	<b>Value of Account</b>	<b>Beneficiary</b>

6. Digital Assets

Name of Asset	Location	Who has access	Special Instructions

7. Other Assets - Please describe any other substantial assets, such as vintage cars, boats, art, jewelry, coin collections or other collections, etc. State the approximate fair market value and indicate the owner and location.

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8. Please describe the content, registered owners, and location of any safe deposit boxes. State the approximate value of the contents.

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9. Please describe any substantial assets that are listed on schedules on your homeowner's insurance policies.

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10. Any other media or digital assets not included in chart # 6

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