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## ***SENIOR LAW PROJECT***

### ***LIFE PLANNING DOCUMENTS INTAKE & QUESTIONNAIRE***

*The VOLS Senior Law Project helps eligible low-income **seniors** age 60+ obtain wills and advance directives free of charge along with our law firm partners.  
Call (347) 521-5704 with questions.*

*If you are typing in your answers, please download this form to your computer first, THEN type in your answers. Save as you go. Email to [Pkempner@volsprobono.org](mailto:Pkempner@volsprobono.org), or fax to (347) 521-5738, or mail to 40 Worth Street, Suite 829, New York, NY 10013.*

**WHO IS FILLING OUT THIS FORM?** ( ☐ APPLICANT OR ☐ SOMEONE ELSE. IF YOU ARE FILLING THIS OUT FOR SOMEONE ELSE, STATE YOUR NAME, PHONE NUMBER, AND RELATIONSHIP TO APPLICANT: \_\_\_\_\_

**THE BELOW QUESTIONS REFER TO THE PERSON SEEKING TO OBTAIN LIFE PLANNING DOCUMENTS.**  
NAME (& LEGAL NAME IF DIFFERENT) \_\_\_\_\_

RACE/ETHNICITY: \_\_\_\_\_ # OF PEOPLE IN HOUSEHOLD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE # \_\_\_\_\_

D.O.B. \_\_\_\_\_ EMAIL: \_\_\_\_\_

**MARITAL STATUS:** ☐ MARRIED ☐ DIVORCED ☐ LEGALLY SEPARATED ☐ NEVER MARRIED  
☐ WIDOWED ☐ INFORMALLY SEPARATED ☐ LONG-TERM PARTNER ☐ DOMESTIC PARTNERSHIP

IF YOU AND/OR YOUR PARTNER AND/OR CHILD(REN) SERVED IN THE US **MILITARY**, PLEASE STATE YOUR RELATIONSHIP TO SUCH PERSON(S) AND THEIR YEARS OF SERVICE:

**MONTHLY INCOME:** *This information is required for eligibility purposes regardless of whether or not you report or are required to report this information to the IRS.*

<b>ASSETS &amp; RESOURCES</b>	SSR/SSD \$ _____	FOOD STAMPS \$ _____
	SSI \$ _____	VA BENEFITS \$ _____
	PENSION(S) \$ _____	OTHER \$ _____
	EMPLOYMENT \$ _____	
	CHECKING \$ _____	RETIREMENT ACCOUNT(S) \$ _____
	SAVINGS \$ _____	VALUE OF INVESTMENTS \$ _____

MY (check one) ☐ RENT ☐ MORTGAGE ☐ MAINTENANCE IS \$ \_\_\_\_\_ PER MONTH.

DO YOU HAVE SCRIE/DRIE or SCHE/DHE? ☐ YES ☐ NO IF YES, WHICH: \_\_\_\_\_

DO YOU SPEAK ENGLISH WELL ENOUGH TO FULLY UNDERSTAND THESE DOCUMENTS WITHOUT TRANSLATION? ☐ YES ☐ NO. IF NO, WHAT IS YOUR PRIMARY LANGUAGE?: \_\_\_\_\_

DO YOU HAVE ANY CONDITIONS THAT IMPAIR YOUR ABILITY TO (Check all that apply):

- |                               |   |   |
|-------------------------------|---|---|
| <input type="checkbox"/> READ | <input type="checkbox"/> SIGN YOUR NAME | <input type="checkbox"/> WRITE YOUR INITIALS        |
| <input type="checkbox"/> HEAR | <input type="checkbox"/> SPEAK          | <input type="checkbox"/> TAKE PUBLIC TRANSPORTATION |

**WHAT DOCUMENTS ARE YOU SEEKING TO OBTAIN?**

- |  |   |
|--|---|
| <input type="checkbox"/> LAST WILL & TESTAMENT | <input type="checkbox"/> CONTROL OF REMAINS |
| <input type="checkbox"/> HEALTH CARE PROXY     | <input type="checkbox"/> POWER OF ATTORNEY  |
| <input type="checkbox"/> LIVING WILL           | <input type="checkbox"/> OTHER _____        |

**PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU BELIEVE WE SHOULD HAVE:**

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

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**THE LAST WILL AND TESTAMENT**

DO YOU CURRENTLY HAVE A WILL? ☐ YES ☐ NO

IF LEGALLY MARRIED, SPOUSE'S NAME AND ADDRESS: \_\_\_\_\_

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

HOW MANY CHILDREN DO YOU HAVE? \_\_\_\_\_

BELOW, PLEASE PROVIDE NAMES, ADDRESSES, AND AGE OF *ALL LIVING CHILDREN AND YOUR CLOSEST LIVING RELATIVES* (PARENTS, SIBLINGS, GRANDCHILDREN). ATTACH AN ADDITIONAL SHEET OF PAPER IF NECESSARY.

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## ASSETS & BENEFICIARIES

**PLEASE EXPLAIN HOW YOU WOULD LIKE YOUR PROPERTY TO BE DISTRIBUTED UPON YOUR DEATH. PLEASE BE SPECIFIC BUT PLEASE KNOW THAT YOU WILL BE ABLE TO DISCUSS YOUR WISHES IN DETAIL WITH THE LAWYER WHO WILL REPRESENT YOU.**

IF YOU OWN YOUR PRIMARY RESIDENCE, WHAT TYPE OF PROPERTY IS IT (Mitchell Lama, HDFC, Condo, etc.) AND WHO WOULD YOU LIKE TO LEAVE IT TO UPON YOUR PASSING? WHO WILL INHERIT IF THAT PERSON DIES BEFORE YOU DO?

ASIDE FROM YOUR PRIMARY RESIDENCE, DO YOU OWN A PIECE OF PROPERTY, SUCH AS A HOUSE OR COOP APARTMENT, IN NEW YORK OR ANYWHERE ELSE? ☐ YES ☐ NO. IF YES, PLEASE LIST THE ADDRESS, TYPE OF PROPERTY, AND VALUE.

WHO WOULD YOU LIKE TO LEAVE IT TO UPON YOUR PASSING? WHO WILL INHERIT IF THAT PERSON DIES BEFORE YOU DO?

WHO WILL INHERIT THE PHYSICAL CONTENTS OF YOUR APARTMENT? WHO WILL INHERIT IF THAT PERSON DIES BEFORE YOU DO?

WOULD YOU LIKE TO LEAVE ANY SPECIFIC OBJECTS –SUCH AS ITEMS OF JEWELRY, ART, OR ANTIQUES -- TO ANY PARTICULAR PERSON(S)? ☐ YES ☐ NO. IF YES, PLEASE LIST THE OBJECTS (ATTACH AN ADDITIONAL SHEET OF PAPER IF NECESSARY) AND TO WHOM YOU WOULD LIKE TO LEAVE IT TO. WHO WILL INHERIT IF THAT PERSON DIES BEFORE YOU DO?

WHO WILL INHERIT THE CONTENTS OF YOUR BANK ACCOUNT(S)? WHO WILL INHERIT IF THAT PERSON DIES BEFORE YOU DO?

*PLEASE NOTE:* YOUR WILL DOES NOT CONTROL ANY BANK ACCOUNT, INVESTMENT ACCOUNT, OR INSURANCE POLICY IN WHICH YOU HAVE NAMED A BENEFICIARY, SO LONG AS THE BENEFICIARY IS ALIVE AT THE TIME OF YOUR DEATH.

## EXECUTOR

AN EXECUTOR'S JOB IS TO PROTECT A DECEASED PERSON'S PROPERTY UNTIL ALL DEBTS AND TAXES HAVE BEEN PAID, AND THEN TO ENSURE THAT WHAT'S LEFT IS TRANSFERRED TO YOUR BENEFICIARIES. YOU MAY NAME UP TO TWO EXECUTORS AND UP TO TWO BACK-UP EXECUTORS.

IF YOU CHOOSE SOMEONE WHO IS NOT A US CITIZEN TO BE YOUR EXECUTOR, THERE MAY BE RESTRICTIONS ON THEIR ABILITY TO ACT AS YOUR EXECUTOR. PLEASE NOTIFY US IF THIS IS THE CASE.

### WHO WOULD YOU LIKE TO BE THE EXECUTOR(S) OF YOUR WILL?

EXECUTOR 1: \_\_\_\_\_ EXECUTOR 2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**WHO WOULD YOU LIKE TO BE THE BACK-UP EXECUTOR(S) OF YOUR WILL? (If you do not choose a back-up and your executor is unable to perform, the County Public Administrator will be your executor).**

BACKUP 1: \_\_\_\_\_ BACKUP 2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

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## **DURABLE POWER OF ATTORNEY**

A ***DURABLE POWER OF ATTORNEY*** IS A POWERFUL DOCUMENT THAT GIVES LEGAL AUTHORITY TO ANOTHER PERSON ("AGENT") TO MAKE PROPERTY, FINANCIAL, AND OTHER LEGAL DECISIONS FOR THE YOU (THE "PRINCIPAL"). THE DURABLE POWER OF ATTORNEY IS OFTEN USED TO HELP IN THE EVENT OF A PRINCIPAL'S ILLNESS OR DISABILITY.

DO YOU CURRENTLY HAVE A POWER OF ATTORNEY? ☐ YES ☐ NO

YOU CAN APPOINT MORE THAN ONE AGENT AND MORE THAN ONE BACK-UP AGENT.

### WHO WOULD YOU LIKE TO BE YOUR AGENT(S) UNDER YOUR POWER OF ATTORNEY?

AGENT 1: \_\_\_\_\_ AGENT 2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**WHO WOULD YOU LIKE TO BE YOUR BACK-UP AGENT(S) UNDER YOUR POWER OF ATTORNEY?**

BACKUP 1: \_\_\_\_\_ BACKUP 2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

EXECUTING A POWER OF ATTORNEY REQUIRES YOU YOURSELF TO BE ABLE TO LEGIBLY WRITE YOUR INITIALS MULTIPLE TIMES. IF YOU ARE NOT ABLE TO DO SO, PLEASE LET US KNOW SO WE CAN DISCUSS YOUR OPTIONS.

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**HEALTH CARE PROXY**

A **HEALTH CARE PROXY** IS A DOCUMENT WHERE YOU (THE "PRINCIPAL") CHOOSE ANOTHER PERSON (YOUR "AGENT") TO MAKE MEDICAL DECISIONS FOR YOU IF YOU CANNOT MAKE THEM YOURSELF.

DO YOU CURRENTLY HAVE A HEALTHCARE PROXY? ☐ YES ☐ NO

**WHO WOULD YOU LIKE TO BE YOUR AGENT AND YOUR BACKUP AGENT UNDER YOUR HEALTH CARE PROXY?** A BACKUP AGENT IS RECOMMENDED THOUGH NOT REQUIRED.

AGENT: \_\_\_\_\_ AGENT BACKUP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

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**CONTROL OF REMAINS FORM**

A **CONTROL OF REMAINS FORM** IS A DOCUMENT THAT GIVES LEGAL AUTHORITY TO ANOTHER PERSON TO HANDLE THE DISPOSITION OF YOUR REMAINS. YOU MAY INCLUDE SPECIFIC INFORMATION, SUCH AS THE LOCATION OF YOUR BURIAL PLOT, OR THE PLACE WHERE YOU WOULD LIKE YOUR ASHES TO BE SCATTERED, .

**WHO WOULD YOU LIKE TO BE YOUR AGENT AND YOUR BACKUP AGENT FOR THIS PURPOSE?** A BACKUP AGENT IS RECOMMENDED THOUGH NOT REQUIRED.

AGENT: \_\_\_\_\_ AGENT BACKUP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**MY PREFERENCE IS:**

- a) TO BE BURIED                      c) TO BE DONATED  
b) TO BE CREMATED                d) OTHER: \_\_\_\_\_

HAVE YOU ENTERED INTO A PRE-FUNDED, PRE-NEED AGREEMENT WITH A FUNERAL HOME?

☐ YES ☐ NO. IF YES, NAME OF FUNERAL HOME: \_\_\_\_\_

IF YOU WOULD LIKE TO PROVIDE ADDITIONAL INFORMATION DESCRIBING HOW YOUR REMAINS SHOULD BE HANDLED, PLEASE DESCRIBE THEM BELOW:

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### **LIVING WILL**

IN YOUR **LIVING WILL**, YOU EXPLAIN WHAT TREATMENT AND CARE YOU WOULD WANT OR NOT WANT AT THE END OF YOUR LIFE. THE LIVING WILL DOES NOT NAME A PERSON TO MAKE DECISIONS.

ARE YOU INTERESTED IN SIGNING A LIVING WILL? ☐ YES ☐ NO

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**THE PURPOSE OF THIS QUESTIONNAIRE IS SOLELY TO COLLECT INFORMATION THAT A VOLUNTEER LAWYER MAY USE IF YOUR CASE IS ACCEPTED FOR REPRESENTATION. THIS QUESTIONNAIRE DOES NOT REPRESENT AN OFFER OF LEGAL REPRESENTATION.**

**I HAVE READ AND UNDERSTAND THE PURPOSE OF THIS QUESTIONNAIRE AND GIVE VOLS PERMISSION TO RELEASE MY INFORMATION TO A VOLUNTEER LAWYER.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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#### **IF VOLS IS ABLE IS ABLE TO ACCEPT YOUR CASE → WHAT TO EXPECT NEXT:**

- 1. Upon receipt of this completed questionnaire, VOLS will contact you to obtain more information if necessary. When we have all required information, we will reach out to a volunteer attorney to attempt to place your case.**
- 2. If VOLS is able to place your case, we will call you to inform you of the placement.**
- 3. The volunteer attorney will reach out to you and start preparing your documents. They will send drafts of your documents to VOLS for review and approval.**
- 4. Once documents have been approved by VOLS, you will execute your documents with the volunteer attorney.**