RESCH, ROOT, PHILIPPS & GRAHAM, LLC

ATTORNEYS AND COUNSELORS AT LAW

PLEASE USE THE CHECKLIST BELOW AS YOU PREPARE THE NECESSARY ITEMS TO BRING WITH YOU TO YOUR MEETING:

- ☐ Completed Personal Information Form (“PIF”)

  The PIF is a multipage document that begins on page 2 of this attachment. It gives the attorney a snapshot into your personal and financial background. If you keep a personal balance sheet, it may be substituted for the Asset & Liabilities sections. Some pages may not be relevant to you.

  Please note: Our advice is based on the information you provide to us on this form.

- ☐ Copy of your most recent Federal Income Tax Return

- ☐ Copy of your current Will and/or Trust (*if applicable*)

HOW DID YOU HEAR ABOUT US?
Our business grows by referrals. Please tell us whom we may thank for sharing our name.

- ☐ Referred by______________________________________
- ☐ Website/internet search
- ☐ Seminar/program_________________________________

Thank you for taking the time to collect and share this information with us.
We thank you for your trust and look forward to working with you.

RESCH, ROOT, PHILIPPS & GRAHAM, LLC

ATTORNEYS AND COUNSELORS AT LAW

Today's Date: ____________________

CLIENT INFORMATION: **(Please print legibly)**

Client #1: Mr.☐ Mrs.☐ Ms.☐ Dr.☐ (*select one*)

First Name________________________ MI___ Last Name________________________________

Nickname________________ Birthdate ____/____/_______

Client #2: Mr.☐ Mrs.☐ Ms.☐ Dr.☐ (*select one*)

First Name________________________ MI___ Last Name________________________________

Nickname________________ Birthdate ____/____/_______

Marital Status: (*select one*)

Married☐ Single☐ Divorced☐ Separated☐ Widowed☐ (date of marriage___________)

Primary Home Address:

Street____

City____________________________ State_________ Zip____________ County________________

Home Tel# (______) _______-__________ Home Fax# (______) ______-__________

Client #1 email: ____________________________ Client #1 Cell: (______) ______-__________

Client #2 email: ____________________________ Client #2 Cell: (______) ______-__________

CHILDREN:

First Name____________________ MI_____ Last Name_________________________________

Nickname__________________ Birthdate ____/____/_______ Gender________________

Home Address____

Tel# (______) _______-_________ Child of: Client #1☐ Client #2☐ Both☐(*select one*)

Spouse's Name (if married) __________________

First Name____________________ MI_____ Last Name_________________________________

Nickname__________________ Birthdate ____/____/_______ Gender________________

Home Address____

Tel# (______) _______-_________ Child of: Client #1☐ Client #2☐ Both☐(*select one*)

Spouse's Name (if married) __________________

First Name____________________ MI_____ Last Name_________________________________

Nickname__________________ Birthdate ____/____/_______ Gender________________

Home Address____

Tel# (______) _______-_________ Child of: Client #1☐ Client #2☐ Both☐(*select one*)

Spouse's Name (if married) __________________

First Name____________________ MI_____ Last Name_________________________________

Nickname__________________ Birthdate ____/____/_______ Gender________________

Home Address____

Tel# (______) _______-_________ Child of: Client #1☐ Client #2☐ Both☐(*select one*)

Spouse's Name (if married) __________________

SPECIAL NEEDS PLANNING:
To help us better prepare for your upcoming appointment, please complete this page to discuss options for safeguarding your special needs child. **Please skip this page if you do not require Special Needs Planning.**

Child's Name: ____

Diagnosis: ____

County of Residence: ____

County Board of Developmental Disabilities Case Worker / Intervention Specialist (Name and Contact Info):

____

Medicaid? Yes☐ No☐(select one) If Yes, Medicaid# ____________________________________

Waiver Type: ____

OH Dept. of Jobs & Family Services Caseworker/Manager (Name and Contact Info): _______________

____

School/Teacher/Transition Coordinator (Names and Contact Info): ______________________________

____

Support Groups/Organizations: ____

____

EMPLOYMENT AND BENEFITS INFORMATION:

Client #1

Employer: ____

Work Address ____

City_________________________ State________ Zip____________ County_______________________

Work Tel# (______) _______-__________

Benefits Provided: (*check, if applicable*)

 Health Ins Disability Ins Group Life Ins

 Defined Benefit Pension Plan

 Defined Contribution Retirement Plan (401k, 403b, SIMPLE IRA, PSP, etc.)

Client #2

Employer: ____

Work Address ____

City_________________________ State________ Zip____________ County_______________________

Work Tel# (______) _______-__________

Benefits Provided: (*check, if applicable*)

 Health Ins Disability Ins Group Life Ins

 Defined Benefit Pension Plan

 Defined Contribution Retirement Plan (401k, 403b, SIMPLE IRA, PSP, etc.)

Do you have long term care insurance? ☐ Yes ☐ No

LIFE INSURANCE POLICIES:

Policy company and number: ______________________________
Type: ______________________ Insured: ______________________
Owner: ______________________ Who Pays Premium: ______________________
Primary Beneficiary: ______________________ Secondary: ______________________
Cash Value $____________ Face Amount $____________ Loan Amt. $____________

Policy company and number: ______________________________
Type: ______________________ Insured: ______________________
Owner: ______________________ Who Pays Premium: ______________________
Primary Beneficiary: ______________________ Secondary: ______________________
Cash Value $____________ Face Amount $____________ Loan Amt. $____________

Policy company and number: ______________________________
Type: ______________________ Insured: ______________________
Owner: ______________________ Who Pays Premium: ______________________
Primary Beneficiary: ______________________ Secondary: ______________________
Cash Value $____________ Face Amount $____________ Loan Amt. $____________

Policy company and number: ______________________________
Type: ______________________ Insured: ______________________
Owner: ______________________ Who Pays Premium: ______________________
Primary Beneficiary: ______________________ Secondary: ______________________
Cash Value $____________ Face Amount $____________ Loan Amt. $____________

If you maintain a personal balance sheet, this may be substituted for our Asset & Liability sections. Additional information may be requested later.

PERSONAL ADVISORS:

Attorney: ____ Tel# (______) _______-__________

Postal Address: ____ Email: ___________________________

Accountant: ____ Tel# (______) _______-__________

Postal Address: ____ Email: ___________________________

Personal Banker: ____ Tel# (______) _______-__________

Postal Address: ____ Email: ___________________________

Insurance Agent: ____ Tel# (______) _______-__________

Postal Address: ____ Email: ___________________________

Financial Advisor: ____ Tel# (______) _______-__________

Postal Address: ____ Email: ___________________________

CLIENT ASSET SUMMARY:

Institution Name / Description	Client #1	Client #2	Joint Ownership	Reserved*
CASH ACCOUNTS				
	$	$	$	
	$	$	$	
	$	$	$	
Total of Cash Accounts	$ 0	$ 0	$ 0	
NON-RETIREMENT INVESTMENTS				
	$	$	$	
	$	$	$	
	$	$	$	
Total of Non-Retirement Investments	$ 0	$ 0	$ 0	
IRAs / RETIREMENT ACCOUNTS				
	$	$	$	
	$	$	$	
	$	$	$	
Total of IRAs/Retirement Accounts	$ 0	$ 0	$ 0	

The information you provide to us is held in the strictest of confidence. Please be assured that your data is used for estate planning purposes only.

* The Reserved column will be explained in your meeting and completed at a later date.

CLIENT ASSET SUMMARY: (continued)

Institution Name / Description	**Client #1**	**Client #2**	**Joint Ownership**	**Reserved***
REAL ESTATE MARKET VALUE(S)				
	$	$	$	
	$	$	$	
	$	$	$	
Total of Real Estate Market Values	$ 0	$ 0	$ 0	
BUSINESS INTERESTS / PARTNERSHIPS				
	$	$	$	
	$	$	$	
	$	$	$	
Total of Business Interests/Partnerships	$ 0	$ 0	$ 0	
OTHER				
	$	$	$	
	$	$	$	
	$	$	$	
Total of Other Assets	$ 0	$ 0	$ 0	
TOTAL ESTIMATED	$ 0	$ 0	$ 0	

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* The Reserved column will be explained in your meeting and completed at a later date.

CLIENT LIABILITY SUMMARY:

Real Property Mortgages & Liabilities	$
	$
Home Equity Loans	$
	$
Insurance Policy Loans	$
	$
Retirement Account Loans	$
	$
Auto Loans	$
	$
Other Loans	$
	$
Credit Card Debt	$
	$
Other Liabilities	$
	$
TOTAL LIABILITIES	$ 0