

# Personal Information Form



HOOPER LAW OFFICE,  
*A Pathway to your Legacy* LLC

**Appleton**

2 N. Systems Drive  
Appleton, WI 54914  
920.993.0990

**Green Bay**

926 Willard Drive  
Green Bay, WI 54304  
800.794.5548

**Oshkosh**

3475 Omro Road, Ste. 100  
Oshkosh, WI 54904  
800.794.5548



## Personal Information Form

Please bring this form with you to your initial meeting. All information provided herein is considered CONFIDENTIAL INFORMATION by HOOPEL LAW OFFICE and will not be shared with anyone outside of our office.

**Date Completed** \_\_\_\_\_

### Please Print

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

Name Used to Sign Legal Documents (please print) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Cell Phone \_\_\_\_\_

Current Marital Status:  Single  Married, Date \_\_\_\_\_

Marital History:

Widowed, Date \_\_\_\_\_  Divorced, Date \_\_\_\_\_ # Times Married \_\_\_\_\_

### Spouse

Spouse Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

Name Used to Sign Legal Documents (please print) \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital History:

Widowed, Date \_\_\_\_\_  Divorced, Date \_\_\_\_\_ # Times Married \_\_\_\_\_

Who would you prefer we contact with questions? \_\_\_\_\_

Preferred method of contact (e.g. phone, email, etc.) \_\_\_\_\_

### Military Service

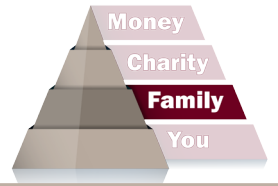
Name Used in Military \_\_\_\_\_ Date Entering Service \_\_\_\_\_

Branch \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Name Used in Military \_\_\_\_\_ Date Entering Service \_\_\_\_\_

Branch \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Referred By \_\_\_\_\_ Located In \_\_\_\_\_



## Children's Information

**Child #1** Age \_\_\_\_\_ Child of:  Both  Adopted  \_\_\_\_\_ Only

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Gender:  Male  Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Special Needs:  Medical  Educational  Financial

Marital Status of the Child:  Married  Divorced  Widowed  Single

If Married, Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Does this child have children?  Yes  No

Children's Names	Gender	Age	Birth Child	Stepchild	Adopted	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Child #2** Age \_\_\_\_\_ Child of:  Both  Adopted  \_\_\_\_\_ Only

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Gender:  Male  Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

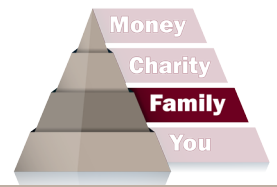
Child's Special Needs:  Medical  Educational  Financial

Marital Status of the Child:  Married  Divorced  Widowed  Single

If Married, Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Does this child have children?  Yes  No

Children's Names	Gender	Age	Birth Child	Stepchild	Adopted	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Children's Information

**Child #3** Age \_\_\_\_\_ Child of:  Both  Adopted  \_\_\_\_\_ Only

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Gender:  Male  Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Special Needs:  Medical  Educational  Financial

Marital Status of the Child:  Married  Divorced  Widowed  Single

If Married, Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Does this child have children?  Yes  No

Children's Names	Gender	Age	Birth Child	Stepchild	Adopted	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Child #4** Age \_\_\_\_\_ Child of:  Both  Adopted  \_\_\_\_\_ Only

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Gender:  Male  Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

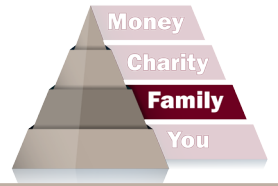
Child's Special Needs:  Medical  Educational  Financial

Marital Status of the Child:  Married  Divorced  Widowed  Single

If Married, Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Does this child have children?  Yes  No

Children's Names	Gender	Age	Birth Child	Stepchild	Adopted	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Children's Information

**Child #5** Age \_\_\_\_\_ Child of:  Both  Adopted  \_\_\_\_\_ Only

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Gender:  Male  Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Child's Special Needs:  Medical  Educational  Financial

Marital Status of the Child:  Married  Divorced  Widowed  Single

If Married, Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Does this child have children?  Yes  No

Children's Names	Gender	Age	Birth Child	Stepchild	Adopted	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Child #6** Age \_\_\_\_\_ Child of:  Both  Adopted  \_\_\_\_\_ Only

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Gender:  Male  Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

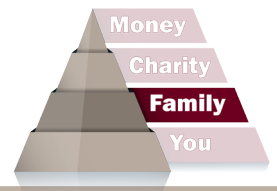
Child's Special Needs:  Medical  Educational  Financial

Marital Status of the Child:  Married  Divorced  Widowed  Single

If Married, Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Does this child have children?  Yes  No

Children's Names	Gender	Age	Birth Child	Stepchild	Adopted	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Parents

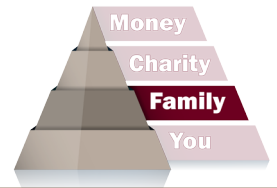
Are any of your parents living?  Yes  No

Name \_\_\_\_\_ Age \_\_\_\_\_ Father of \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Mother of \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Father of \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Mother of \_\_\_\_\_



## Family Pets

Name \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Name \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Name \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_



## Community

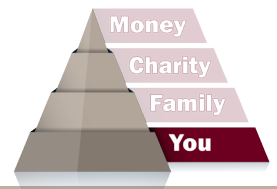
Please indicate any charitable, church, and/or community organizations in which you have strong personal involvement:

Name \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_



## Seasonal Address

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Seasonal Telephone \_\_\_\_\_

When are you usually there (what months)? \_\_\_\_\_



### Current Planning

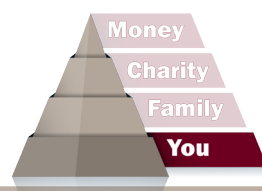
Do you or your spouse have wills, trusts, or powers of attorney?  Yes  No  
 Please bring copies of these documents to the meeting.

Do you or your spouse have long-term care insurance?  Yes  No  
 Please bring copies of these documents to the meeting.

Are you currently paying for at-home care, assisted living, or nursing home?  Yes  No  
 If yes, facility name \_\_\_\_\_

Monthly Cost \$\_\_\_\_\_ Date of Admission \_\_\_\_\_

Are you currently receiving consistent assistance from a family member or friend?  Yes  No  
 If yes, are you paying them? Amount \$\_\_\_\_\_



### Medical Information

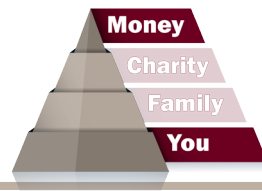
Do you or your spouse have a medical condition we should know about?  Yes  No

You \_\_\_\_\_

\_\_\_\_\_

Spouse \_\_\_\_\_

\_\_\_\_\_



### People Who Advise You

	Name	Telephone
Insurance Agent	_____	_____
Tax Advisor (CPA, EA, Etc.)	_____	_____
Family Attorney	_____	_____
Business Attorney	_____	_____
Financial Advisor	_____	_____
Stock Broker	_____	_____
Banker	_____	_____
Other Advisor	_____	_____



## Nominations for Estate Plan

### Financial Agents

If you were incapacitated for any period of time, who would you choose to handle your **financial** affairs?

	You (Name/Phone Number)	Spouse (Name/Phone Number)
Initial Choice	_____	_____
Phone Number	_____	_____
Back Up #1	_____	_____
Phone Number	_____	_____
Back Up #2	_____	_____
Phone Number	_____	_____

### Health Care Agents

If you were incapacitated for any period of time, who would you choose to make **health care** decisions for you?

	You (Name/Phone Number)	Spouse (Name/Phone Number)
Initial Choice	_____	_____
Phone Number	_____	_____
Back Up #1	_____	_____
Phone Number	_____	_____
Back Up #2	_____	_____
Phone Number	_____	_____

### HIPAA

(Health Insurance Portability and Accountability Act) is the medical privacy act that was passed to protect your healthcare information. Our HIPAA Authorization allows you to choose who you want to receive information regarding your health and medical status.

You	_____	_____	_____
	_____	_____	_____
Spouse	_____	_____	_____
	_____	_____	_____

### Living Will

Do you or your spouse wish to be removed from life support if you cannot recover from a permanent, vegetative state?

You:  Yes  No      Spouse:  Yes  No





## Nominations for Estate Plan

### Trustee/Personal Representative

Who would you want to assume the legal responsibility of managing your assets and distributing your estate when you are no longer living?

You

Spouse

Initial Choice	_____	_____
Phone Number	_____	_____
Back Up #1	_____	_____
Phone Number	_____	_____
Back Up #2	_____	_____
Phone Number	_____	_____

### Guardians

Who do you nominate to serve as guardian for your minor children (if any)?

You

Spouse

Initial Choice	_____	_____
Phone Number	_____	_____
Back Up #1	_____	_____
Phone Number	_____	_____
Back Up #2	_____	_____
Phone Number	_____	_____

### Notes

Write down any thoughts and/or reasoning behind why you have chosen these individuals. Include any questions or concerns you may have.

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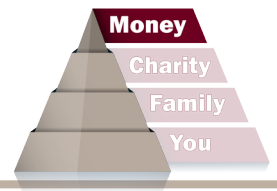
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## Estimated Value of My Estate

<b>Assets</b>	<b>Approximate Values</b>	
Primary Home	\$	_____
Current Mortgage: <input type="checkbox"/> No <input type="checkbox"/> Yes, balance:	\$	_____
Other Real Estate	\$	_____
Current Mortgage: <input type="checkbox"/> No <input type="checkbox"/> Yes, balance:	\$	_____
Business Interests	\$	_____
Checking Accounts/Money Market Accounts	\$	_____
Regular Savings Accounts	\$	_____
Certificates of Deposit	\$	_____
Stocks/Bonds/Mutual Funds	\$	_____
Annuities	\$	_____
	\$	_____
Life Insurance (Death Benefit)		
	You	\$ _____
	Spouse	\$ _____
IRA/401K/Retirement Accounts		
	You	\$ _____
	Spouse	\$ _____
Autos, Boats, RVs, etc.	\$	_____
Personal Property	\$	_____
Collectible Loans or other money due to you	\$	_____
Expected Inheritance	\$	_____

Total Assets (add everything up, except mortgages)	\$	_____
How much do you owe right now? (total mortgages, loans, etc.)	\$	_____
Net Worth (subtract the two)	<b>Total</b>	\$ _____

<b>Gross Monthly Income</b>	You	Spouse
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Other	\$ _____	\$ _____
Required Minimum Distributions	\$ _____	\$ _____
Income (add all together)	<b>Total</b>	\$ _____



## Notes

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Please use this space to write in additional family information or to write down any questions you may have.

