

SOUTHERN UNIVERSITY LAW CLINIC

ELDER LAW APPLICATION

Do you require accommodations for any known disability? _____

If yes, please list (be specific as to extent of limitation and accommodation needed):

Date: _____

Type of Assistance _____

***If Succession, is there a will:** _____

Full Name: _____

Last Four of SSN: _____

Sex: _____

Date of Birth: _____

Age: _____

Address: _____

(Street Address)

(City and State)

(Zip Code)

Telephone Number(s): _____

(Home)

(Cell)

(Work)

Email Address: _____

Computer Access: Yes No

Current Household:

Single: _____ Married: _____ Separated: _____ Divorced: _____ Widowed _____

What is your current Occupation? _____

Are you Employed? _____ Yes _____ No

(If employed, please complete the information below)

Name of Employer: _____

Address: _____

(Street Address)

(City and State)

(Zip Code)

Telephone Number: _____ How long have you been employed? _____

(If you are not employed, please provide information of your last employer)

Name of Employer: _____

Address: _____

(Street Address)

(City and State)

(Zip Code)

Monthly Wages: _____ How long were you been employed? _____

Gross Income: State your gross earned inform from wages and how you are paid:

Weekly? _____ Bi-Weekly? _____ Monthly? _____ Amount/month \$ _____

Apart from income or support listed in response below, what additional income do you receive on a monthly basis? Source: _____ Amount: \$ _____

If you are married and live with a spouse, please answer:

Spouse Name: _____

Is your spouse employed? _____ What is the occupation of your spouse? _____

Is your spouse paid Weekly? _____ Bi-Weekly? _____ Monthly? _____

Amount/Month \$ _____

Name of Spouse's employer: _____

Address: _____

(Street Address)

(City and State)

(Zip Code)

Complete additional information if Application is for a Succession:

Decedent's Name: _____

Relationship to Decedent: _____

Biographical and Family Information of Decedent

- **Date of Birth:** _____
- **Date of Death:** _____
- **City and Parish of Decedent's residence at time of death:** _____
- **Marriages:** List all marriages, their dates, and the cause of termination (death of a spouse, divorce, annulment)

- **Children:** List all of the decedent's children. Include the following information: (1) full name; (2) date of birth; (3) date of death if applicable; (4) how related to decedent (biological child, adopted child, step-child).

Assets

Please circle the applicable assets/ property owned by the decedent on the date of his/her death and place the value beside the item.

- **Bank Accounts and Investment Accounts:** _____
- **Stocks, Bonds, Securities:** _____
- **Automobiles, boats, RV's, and similar items:** _____
- **Real Estate, mineral interests, timber interests:** _____
- **Life Insurance & Annuities:** _____
- **Retirement Accounts:** _____
- **Business Interests:** _____
- **Personal Effects:**
 - Art _____
 - Coins _____
 - Silver _____
 - Jewelry _____
 - Furs _____
 - Guns _____
 - Antiques _____
 - Stamps _____
- **Sums Due to Decedent:** Describe any amounts owed to the decedent on the date of his/her death even if they were not collected until a later time.
 - Common sums due to the decedent include:
 - Tax refunds _____
 - Rent from rental property _____
 - Last paycheck _____
 - Other(Describe) _____
 - _____
 - _____

Debts

Please circle all debts the decedent owed at the time of his/her death. Please list the amount of the debt.

- **Credit Cards:** _____

- **Loans:**
 - **Common types of loans include:**
 - Mortgage _____
 - Home equity line of credit _____
 - Reverse mortgage _____
 - Student loans _____
 - Automobile loans _____
 - Cash advances _____
 - _____

- **Other Debts:** Please circle any other debts owed by the decedent on the date of his/her death. Please list the amount of debt

- **Examples of other debts include:**

- Unpaid taxes _____
- Unpaid child support or spousal support _____
- Unpaid court judgments _____
- Unpaid medical bills _____
- **Other** _____

SIGNATURE: _____