INTERDICTION WORKSHEET

Client Information:

First Name: _____ Middle Name: _____

Maiden Name:_____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code:_____

Telephone Number(s): Home: _____ Cell: _____

Date of Birth: _____ Social Security No: _____

Email Address:

Disabled Child / Adult:

Full Legal Name: _____

Street Address:

City: _____ State: _____ Zip Code:_____

Age: _____ Date of Birth: _____ Social Security No: _____

Level of Education: _____

Marital Status: ◯ Single ◯ Married ◯ Divorced ◯ Widow(er)
(If married, spouse's name): _____

Spouse's Address if different:

Age: _____ Date of Birth: _____ Social Security No: _____

Employer's Name: _____

Employer's Address: _____

Job Title: _____ How long employed? _____

Does disabled adult have any children? Yes ◯ No ◯

(If yes, please provide below):

1. Full Legal Name: _____

   Age: _____ DOB: _____ Social Security No: _____

   Employed: Yes ◯ No ◯ Employer's Name: _____

   Employer's Address: _____

   _____

   Job Title: _____ How long employed? _____

2. Full Legal Name: _____

   Age: _____ DOB: _____ Social Security No: _____

   Employed: Yes ◯ No ◯ Employer's Name: _____

   Employer's Address: _____

   _____

   Job Title: _____ How long employed? _____

3. Full Legal Name: _____

   Age: _____ DOB: _____ Social Security No: _____

   Employed: Yes ◯ No ◯ Employer's Name: _____

   Employer's Address: _____

   Job Title: _____ How long employed? _____

What is mental capacity of disabled child/adult? _____

_____

_____

What is the nature of the disability? _____

_____

Does disabled child/adult have any physical problems? Yes ◯ No ◯

(If so, please explain): _____

_____

_____

What are/were the circumstances surrounding the disability? _____

_____

_____

Has the disability been present since birth or was it caused by an accident?
Birth ◯ Accident ◯

If caused by an accident, at what age and what type of accident?

Age:_____ Type of accident: _____

_____

_____

Mother's Full Legal Name: _____
Living: ◯ Deceased: ◯

Address: _____

_____

Age: _____ Date of Birth: _____ Social Security No: _____

Email Address: _____

Level of education: _____ Degree? Yes ◯ No ◯

Phone No.(s): Home: _____ Cell: _____

Continuation of Mother's Information:

Name and address of employer: _____

_____

Job Title: _____ How long employed: _____

Father's Legal Name: _____

Living: ◯ Deceased: ◯

Street Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____ Social Security No: _____

Email Address: _____

Level of Education: _____ Degree? Yes ◯ No ◯

Phone No.(s): Home: _____ Cell: _____

Name and address of employer: _____

_____

Job Title: _____ How long employed? _____

Full Legal Names and ages of disabled child/adult's siblings:

Name: _____ DOB:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB:

Name of disabled child/adult's current treating physician(s):

Physician: _____ Phone No.: _____
office / cell

Street Address: _____

City: _____ State: _____ Zip Code: _____

Current diagnosis: _____

_____

_____

Physician: _____ Phone No.: _____
office / cell

Street Address: _____

City: _____ State: _____ Zip Code:_____

Current diagnosis: _____

_____

_____

Appointed Curator:

Full Legal Name: _____
(including maiden if married)

Street Address: _____

City: _____ State: _____ Zip Code:_____

Home Phone No: _____ Cell Phone No: _____

DOB: _____ Education level: _____ Social Security No.: _____

Email Address: _____

Employer: _____

Job Title: _____ How long employed? _____

Appointed Under-Curator:

Full Legal Name: _____
(including maiden if married)

Street Address: _____

City: _____ State: _____ Zip Code:_____

Home Phone No: _____ Cell Phone No: _____

DOB: _____ Education level: _____ Social Security No.: _____

Email Address: _____

Employer: _____

Job Title: _____ How long employed? _____

Does disabled child/adult have an interest in any property?

(If so, please provide descriptions, locations, values): _____

_____

_____

_____

_____

Does disabled child/adult have any current debts?

If so, please provide below:

_____ $_____
Name of creditor: Amount of debt:

_____ $_____
Name of creditor: Amount of debt:

_____ $_____
Name of creditor: Amount of debt:

_____ $_____
Name of creditor: Amount of debt:

*****Any special circumstances we need to know about? *****

_____

_____

_____

_____

Would you like copies of your drafts emailed to you, mailed to you, or both?

◯ Emailed ◯ Mailed ◯ Both

Email Address: _____