

INTERDICTION WORKSHEET

Client Information:

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name: _____

Address: _____

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

Date of Birth: _____ Social Security No: _____

Email Address: _____

Disabled Child / Adult:

Name: _____

Address: _____

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

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

Name and address of employer: _____

Job Title: _____ How long employed: _____

Father's Legal Name: _____
Living: Deceased:

Address: _____

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

Email Address: _____

Level of education: _____ Degree? Yes No

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

Name and address of employer: _____

Job Title: _____ How long employed? _____

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

Address: _____

Current diagnosis: _____

Physician: _____ Phone No.: _____
office / cell

Address: _____

Current diagnosis: _____

Appointed Curator:

Full Legal Name: _____
(including maiden if married)

Address: _____

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)

Address: _____

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: _____