

INTERDICTION WORKSHEET

Client Information:

Full Legal Name: _____
(including maiden)

Address: _____

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

Date of Birth: _____ Social Security No: _____

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: _____ Level of education: _____

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. Name: _____

Age: _____ DOB: _____ Social Security No: _____

Employed: Yes No Employer's Name: _____

Employer's Address: _____

Job Title: _____ How long employed? _____

2. Name: _____

Age: _____ DOB: _____ Social Security No: _____

Employed: Yes No Employer's Name: _____

Employer's Address: _____

Job Title: _____ How long employed? _____

3. 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 Legal Name: _____ Living: Deceased:

Address: _____

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

Email Address: _____

Level of education: _____ Degree? Yes No

Phone No(s): _____

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

Phone No(s): _____

Name and address of employer: _____

Job Title: _____ How long employed? _____

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

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

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

Physician: _____ Phone No.: _____

Address: _____

Current diagnosis: _____

Physician: _____ Phone No.: _____

Address: _____

Current diagnosis: _____

Appointed Curator:

Legal Name: _____ Phone No.: _____

Address: _____

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

Email Address: _____

Employer: _____

Job Title: _____ How long employed? _____

Appointed Under-Curator:

Legal Name: _____ Phone No.: _____

Address: _____

Age: _____ 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? *****
