

PERSONAL AND FINANCIAL
INFORMATION SHEET



30 Industry Lane
Prince Frederick, Maryland 20678
Phone: (443) 684-2028

EXPLANATION OF BILLING POLICIES AND PROCEDURES

Please Read the Information on the Next Two Pages and Sign at the Bottom of Both.
Signatures are Required to Begin the Consultation.

We are giving this explanation of our billing procedures to you as a potential client. Please do not hesitate to ask us any questions you may have regarding our usual billing practices. If you retain Ritter Elder Law & Estate Planning, the terms contained herein shall be incorporated by reference into the fee agreement.

1. **Attorney's Fees.** Fees are based on the time it takes to perform your services and are calculated at the attorney's or staff member's hourly rate. The hourly rates are \$400.00 per hour for Brian W. Ritter, Jr., Esq., \$300.00 per hour for RELEP's Medicaid Specialist, \$300.00 per hour for RELEP's Nurse Practitioner, and per hour \$250.00 per hour for paralegals and law clerks. If retained on an hourly matter, time is kept in 1/10 of an hour increments. Internally, time is recorded for all services rendered on your behalf, including, but not limited to, research, drafting, document review, telephone and office conferences, conferences with attorneys within the firm and outside the firm, correspondence (including e-mail correspondence), execution of documents, preparing and filing estate administration documents with the court, and if any matter requires litigation, drafting and filing pleadings, appearing at court and depositions, trial preparation, and trial or making the proper referral to a better suited attorney to handle your matter.

2. **Fixed Fee Work.** Much of the work RELEP prepares is on a "fixed fee" basis, meaning you pay one flat rate for the documents, phone calls, emails, and two meetings (three meetings for trust matters). Generally, if you retain RELEP to perform work on a fixed fee basis, you will not receive a monthly statement. You will be responsible to pay the full amount upon the signing of the retainer agreement. The full fee will be deemed earned upon the drafting of the documents and RELEP sending them to you for review. It will be on you to ensure a signing appointment is scheduled.

3. **Consultation Fee and Estimates.** We do not offer a "free initial consultation" other than for time discussing our qualifications and services. Mr. Ritter charges \$400.00 per hour as a consultation rate, with a minimum of one-hour payment due before the consultation begins. Typically, consultations last an hour and half for basic estate planning matters and up to two hours for trust or Medicaid matters; however, any estimate given for services merely an estimate and may last shorter or longer. Completion of your services may take more or less time than originally estimated depending on your individual needs. **If you retain Mr. Ritter to complete a "documents package," then the consultation fee will be waived.** After conducting an initial consultation where the information provided above is reviewed and verified, Mr. Ritter will provide you with a fee estimate for estate planning work. Please keep in mind this is just an estimate and is subject to change based upon changes to the scope of work that may occur as the representation continues. Your completion and our review of a client intake form does not, in itself, constitute the creation of any attorney-client relationship until you have asked us to perform work on your behalf.

4. **Expenses.** These are out-of-pocket expenses the firm incurs during the performance of your legal services for which you will be billed. Costs include, but are not limited to, such things as filing fees, costs of obtaining, appraisals, recording fees, heir searches, postage and courier fees, photocopies, and transportation. This list is not exhaustive and costs may be incurred for items other than these examples. If any expenses are incurred, you will be provided an invoice at the conclusion of the representation showing the amount owed for the outstanding expenses.

5. **Monthly Statements.** Our billing cycle is from the first day of the month to the last day of the month. If you retain Mr. Ritter on an hourly matter, you will customarily receive a statement around the middle of each month which will include a summary billing for the services rendered and costs incurred for the previous month. RELEP does not send statements on fixed fee work. Any fees paid in advance will be held in a Maryland attorney's trust account until earned.

If you ever have questions about your bill, we are always available to discuss it. We do not charge for time spent discussing billing matters.

PLEASE SIGN BELOW AND BRING THIS PACKET WITH YOU TO YOUR CONSULTATION.

Thanks and we look forward to meeting with you!

Prospective Client 1

Prospective Client 2

INFORMED CONSENT AND CONFLICT OF INTEREST WAIVER

Dual Spouse Representation in Estate Planning Matters

Spouses can have differing, and sometimes conflicting, interests and objectives regarding your matter. For example, they may have different views on how property should pass after the death of one or both of them. In some situations, we may recommend that holdings be restructured to take advantage of tax benefits, which may involve gifts from one spouse to the other. Also, planning can involve advice as to classification of property under state law. These are just a few general examples, and each couple's situation is unique.

If you each had a separate lawyer, you would each have an "advocate" for your position and would receive totally independent advice. Information given to your own lawyer is confidential and cannot be obtained by your spouse without your written consent. That is not the case when one firm advises both of you. Although your objectives related to your matter do not indicate that a conflict will arise, we cannot be an advocate for one of you against the other. Information that either of you gives us relating to your planning cannot be kept from the other. If you ask us to continue to serve you jointly, *our effort will be to assist in developing a coordinated overall plan and to encourage the resolution of differing interests in an equitable manner and in the best interests of your family.* If at any time either of you wishes to have the advice of separate counsel, you are completely free to do so.

Waiver Consent

I, the undersigned, after reading the above, hereby understand the potential conflicts described above and waive any potential conflicts that may arise during representation. I further understand that if a conflict does arise, I have the right to end the representation and seek alternative counsel.

Prospective Client 1

Prospective Client 2

Confidentiality Statement: All information provided on this form is confidential and protected by the attorney-client privilege

CLIENT DEMOGRAPHIC INFORMATION:

Client Full Name: _____ **DOB:** _____ **Social Security No.:** _____

Occupation: _____ Retired Employed

Marital Status: Single Married (Date __/__/__) Widow/er First Marriage Second Marriage

Are you a: U.S. Citizen Naturalized Citizen Resident Alien

Spouse Full Name (if applicable) _____ **DOB** _____ **DOD** _____

Occupation: _____ Retired Employed

Are you a: U.S. Citizen Naturalized Citizen Resident Alien **Social Security No.:** _____

Address: _____ **City:** _____ **State** _____ **Zip** _____

Client Contact: _____ (home) _____ (Cell) _____ (email)

Spouse Contact: _____ (home) _____ (Cell) _____ (email)

How do you prefer to be contacted? Home Phone Client Cell Spouse Cell Email

Referred to us by: _____ **Firm:** _____ **Phone:** _____

Do you have: Financial Advisor: _____ **Firm:** _____ **Phone:** _____

Accountant: _____ **Firm:** _____ **Phone:** _____

Client

Spouse

Do you have children: No Yes **How many:** _____
 Joint You Step Adopted

No Yes **How many:** _____
 Joint You Step Adopted

Do you have grand children: No Yes **How many:** _____
 Joint You Step Adopted

No Yes **How many:** _____
 Joint You Step Adopted

Do any of your children or grandchildren have special needs? If so, explain: _____

CHILDREN/BENEFICIARY/POA AGENT INFORMATION:

Name: _____ Male Female DOB: _____
Address: _____ Phone: _____
 Living Deceased Social Security No.: _____ Disinherit: Yes No
Child of: Joint You Spouse Adopted Foster Other Relation: _____
 Single Married First Second Other How Long: _____ Spouse's Name _____
Do you like the spouse? _____
Children/Grandchildren: None Yes How many: _____ Ages: _____
Special Needs/disabilities/considerations: _____
Potential Problem/issues: _____

Name: _____ Male Female DOB: _____
Address: _____ Phone: _____
 Living Deceased Social Security No.: _____ Disinherit: Yes No
Child of: Joint You Spouse Adopted Foster Other Relation: _____
 Single Married First Second Other How Long: _____ Spouse's Name _____
Do you like the spouse? _____
Children/Grandchildren: None Yes How many: _____ Ages: _____
Special Needs/disabilities/considerations: _____
Potential Problem/issues: _____

Name: _____ Male Female DOB: _____
Address: _____ Phone: _____
 Living Deceased Social Security No.: _____ Disinherit: Yes No
Child of: Joint You Spouse Adopted Foster Other Relation: _____
 Single Married First Second Other How Long: _____ Spouse's Name _____
Do you like the spouse? _____
Children/Grandchildren: None Yes How many: _____ Ages: _____
Special Needs/disabilities/considerations: _____
Potential Problem/issues: _____

Name: _____ Male Female DOB: _____
Address: _____ Phone: _____
 Living Deceased Social Security No.: _____ Disinherit: Yes No
Child of: Joint You Spouse Adopted Foster Other Relation: _____
 Single Married First Second Other How Long: _____ Spouse's Name _____
Do you like the spouse? _____
Children/Grandchildren: None Yes How many: _____ Ages: _____
Special Needs/disabilities/considerations: _____
Potential Problem/issues: _____

Name: _____ Male Female DOB: _____
Address: _____ Phone: _____
 Living Deceased Social Security No.: _____ Disinherit: Yes No
Child of: Joint You Spouse Adopted Foster Other Relation: _____
 Single Married First Second Other How Long: _____ Spouse's Name _____
Do you like the spouse? _____
Children/Grandchildren: None Yes How many: _____ Ages: _____
Special Needs/disabilities/considerations: _____
Potential Problem/issues: _____

Name: _____ Male Female DOB: _____
Address: _____ Phone: _____
 Living Deceased Social Security No.: _____ Disinherit: Yes No
Child of: Joint You Spouse Adopted Foster Other Relation: _____
 Single Married First Second Other How Long: _____ Spouse's Name _____
Do you like the spouse? _____
Children/Grandchildren: None Yes How many: _____ Ages: _____
Special Needs/disabilities/considerations: _____
Potential Problem/issues: _____

Name: _____ Male Female DOB: _____
Address: _____ Phone: _____
 Living Deceased Social Security No.: _____ Disinherit: Yes No
Child of: Joint You Spouse Adopted Foster Other Relation: _____
 Single Married First Second Other How Long: _____ Spouse's Name _____
Do you like the spouse? _____
Children/Grandchildren: None Yes How many: _____ Ages: _____
Special Needs/disabilities/considerations: _____
Potential Problem/issues: _____

Name: _____ Male Female DOB: _____
Address: _____ Phone: _____
 Living Deceased Social Security No.: _____ Disinherit: Yes No
Child of: Joint You Spouse Adopted Foster Other Relation: _____
 Single Married First Second Other How Long: _____ Spouse's Name _____
Do you like the spouse? _____
Children/Grandchildren: None Yes How many: _____ Ages: _____
Special Needs/disabilities/considerations: _____
Potential Problem/issues: _____

CLIENT HEALTH INFORMATION:

Client Current Health Status: Good Concern Diagnosed Problems

Explanation: _____

Spouse Current Health Status: Good Concern Diagnosed Problems

Explanation: _____

PRIOR ESTATE PLANNING DOCUMENTS

<u>Existing Estate Planning Document</u>	<u>Client</u>	<u>Spouse</u>	<u>Date Executed</u>
Last Will and Testament	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Trust of any kind	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Financial Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Health Care Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Advance Directive/Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Long Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Daily Benefit: _____

If you have any current documents stated above, please bring them with you as we will review them.

CLIENT GOALS:

Client: What are your three main goals you want to accomplish?

1. _____
2. _____
3. _____

Spouse: What are your three main goals you want to accomplish?

1. _____
2. _____
3. _____

FINANCIAL INFORMATION

INCOME: Please use GROSS MONTHLY amounts if possible. If not, you can use NET.

Source	Client	Spouse	Joint	Total
Wages from Current Work	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Investments	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Amounts:	\$	\$	\$	\$

ASSETS:

Type of Asset	Client	Spouse	Joint	Total
Cash, Checking, Savings, CDs, Money Market, and Cash Management Accounts	\$	\$	\$	\$
Investment/Brokerage Accounts (not cash)	\$	\$	\$	\$
Retirement Accounts: 401(k), 403(b), SEP, Traditional IRAs, Roth IRAs	\$	\$	\$	\$
Life Insurance: Death Benefit (DB) and Cash Value (CV)	DB: \$ CV: \$	DB: \$ CV: \$	DB: \$ CV: \$	DB: \$ CV: \$
Stock Certificates not in Brokerage Acct	\$	\$	\$	\$
Annuities (both taxed and tax deferred) Initial Investment, Date, Current Value	\$	\$	\$	\$
Savings Bonds	\$	\$	\$	\$
Real Estate (Primary): Tax Assessed Value	\$	\$	\$	\$
Real Estate (Secondary): Tax Assessed Value	\$	\$	\$	\$
Vehicles	\$	\$	\$	\$
Other Asset:	\$	\$	\$	\$
Other Asset:	\$	\$	\$	\$
Totals	\$	\$	\$	\$

LIABILITIES:

Type of Liability	Client	Spouse	Joint	Total
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other Liabilities	\$	\$	\$	\$
Totals	\$	\$	\$	\$

BUSINESS INTERESTS:

Type of Liability	Client	Spouse	Joint	Total
Farm	\$	\$	\$	\$
LLC, Partnership, Etc.	\$	\$	\$	\$
Corporation	\$	\$	\$	\$
Totals	\$	\$	\$	\$

ESTATE PLANNING INFORMATION

A **personal representative, more commonly known as an executor**, is the person who manages your assets after your death, coordinates with the probate court, and distributes your estate according to your Will. Who would you like to be your personal representative? Spouses can have different PRs.

<u>Legal Name</u>	<u>Relationship</u>	<u>Address/Phone (if not a relative)</u>
1. _____		
2. _____		
3. _____		

Desired Distribution (i.e.: Spouse first, then equally to children): _____

Specific Bequests (i.e.: specific items to specific person): _____

Other Information: _____

A **trustee** is the person who will manage assets after your death for any minor children, grandchildren, or disabled beneficiaries of your estate, or, for your surviving spouse, as applicable. A trustee may also be appointed to manage your assets during your own lifetime in certain circumstances. Who should be your trustee?

<u>Legal Name</u>	<u>Relationship</u>	<u>Address/Phone (if not a relative)</u>
1. _____		
2. _____		
3. _____		

If you have minor children, a **guardian** is the person who will take care of your minor children, after your death. Who should be the guardian of your minor children?

Legal name	Relationship	Address/Phone (if not a relative)
1. _____		
2. _____		
3. _____		

Exclude a former spouse? _____ Name: _____

A **Durable General Financial Power of Attorney** authorizes someone to act on your behalf for financial decisions during your lifetime when you are unable to do so yourself. This person should be someone who is financially intelligent/savvy. Usually these individuals mirror your Personal Representative role as it too is a financial position. Who would you like to act on your behalf? Spouses can have different agents.

Legal name	Relationship	Address/Phone (if not a relative)
1. _____		
2. _____		
3. _____		

A **Health Care Power of Attorney** authorizes someone to act on your behalf for medical decisions during your lifetime when you cannot make those decisions yourself. Who would you like to act on your behalf? (You may separate out medical and financial powers). Spouses can have different agents.

Legal name	Relationship	Address/Phone (if not a relative)
1. _____		
2. _____		
3. _____		

An **Advance Directive**, also called an “Living Will, Advance Medical Directive” is a document in which you specify in advance whether or for how long you would like life support and artificial nutrition and hydration continued under certain circumstances.

If you are **terminally ill, in a persistent vegetative state, or have an end-stage condition**, where death is imminent (within usually two weeks or less), **do you _____ or do you not _____** want life sustaining procedures or heroic measures to prolong the dying process? These life sustaining procedures or heroic measures include but are not limited to: CPR, breathing machine, intubation, artificial respiration, dialysis, tube hydration and nutrition. This does not mean that once you sign this document, they will not resuscitate you; it only comes into play when you meet one of the bolded conditions above.

Are you an Organ Donor? _____

Do you have burial/cremation instructions? _____

Any other concerns: _____

OTHER CONSIDERATIONS AND CONCERNS:

The beneficiaries who are designated on your various investments, retirement accounts, and life insurance policies should be coordinated with your Wills. Do you have retirement accounts, life insurance policies, annuities, or other accounts that need beneficiary designation forms directing that these assets should pass upon your death in harmony with you Will? _____

Please note if any special family circumstances are applicable:

Do you want to disinherit anyone? _____

Is anyone likely to contest your Will? _____ Is anyone on governmental assistance? _____

Does anyone have special needs, disabilities, or addictions? _____

Will anyone need to enter a nursing home soon? _____

Does anyone have creditor problems? _____ Is divorce a concern for anyone? _____

Other: _____

Please list any special financial circumstances:

Continuing obligations from a prior divorce? _____ Prenuptial or other marital agreement? _____

Have you or your spouse ever filed gift tax returns? _____

Oil, Gas, Mineral Interests? _____ Agricultural interests? _____

Water rights? _____ Time-share or vacation home? _____

Family business? _____ Are you the beneficiary of any existing trust? _____

Total combined estate close to or over \$5 million? _____

Do you have a long-term care policy? _____

If yes, what are the benefits payable? _____

Other Information: _____