



WAKE FOREST
UNIVERSITY

SCHOOL of LAW

The Elder Law Clinic Eligibility Questionnaire

We understand that you or someone you know needs legal help. To qualify for our free legal service, you need to be age **60 or older and have a monthly household income that is:**

**Less than \$2,000, if you are single, or
Less than \$2,700, if you are married.**

To determine if you or the person you are representing qualify, please answer the questions on the next two pages. If you do not know the answer to a particular question, don't worry. You can call us later with the information. All of the information you give us will be kept in a locked cabinet.

**Note: Do not send us any confidential or sensitive information.
We have not agreed to represent you at this time.**

Examples of cases we typically handle:

- Wills (if a person owns real estate)
- Powers of Attorney
- Medicaid Planning
- Guardianship
- Nursing Home Questions
- Abuse
- Fraud and Consumer Problems

Examples of cases we do not handle:

- Criminal
- Traffic violations and accidents
- Medical malpractice
- Probate (estates)
- Slip and fall
- Divorce

Please Print

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Name: _____ Sex: M F

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phones: Home: _____ Cell: _____ Other: _____

Age: _____ Birthdate: ____/____/____ How many people live in your household? _____

If you do not have a phone, please give us a number where you can be reached: _____

Circle one: Married Divorced Widowed Separated Domestic Partner Never Married

If married, spouse's name: _____ Spouse's Birthdate: _____

SOURCES OF INCOME	MONTHLY INCOME
Social Security (1)	\$
Social Security (2)	\$
SSI	\$
VA benefits	\$
Retirem't benefits (1)	\$
Retirem't benefits (2)	\$
Employment	\$
Other: _____	\$
Total:	\$

ASSETS	YES	NO	APPROXIMATE WORTH
Checking Account			\$
Savings Account			\$
Certificates of Deposit			\$
Stocks/Bonds			\$
Annuities			\$
Investments			\$
IRA			\$
House (tax value)			\$
Other Real Estate			\$
Mobile Home (tax value)			\$
Other: _____			\$
Total:			\$

(1) = Spouse 1 (2) = Spouse 2

Do you own a vehicle? Yes No Year: _____

Make: _____ Model: _____

What kind of legal help do you need? (Try to be brief.) _____

_____ (Continued on back.)

Please give us the name of the opposing party (person, company or creditor) with whom you have a disagreement: _____

For Office Use Only
Date rec'd: ____/____/____ Send WL letter _____ Send DNQ letter _____ Conflict Checked: ____/____/____ by _____

If you filled out this questionnaire for the person named on the previous page, please give us the following information about yourself:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

What is your relationship to him/her (ex: husband, daughter)? _____

Are you appointed under this person's power of attorney? Yes No

If "yes," please send us a copy of the power of attorney.

If "no," who is? _____ Relationship: _____

If she/he has a guardian, who is it? _____ Relationship: _____

(Continued from page 2, if you need more space to finish your answer to the question "What kind of legal help do you need?")

- Please check if you would like a free copy of the [Directory of Services for Older Adults in Forsyth County](#).
- Please check if you are a caregiver.

Please return this questionnaire by mail, or by fax at 758-6237. In about a week, we will let you know by letter if you are eligible for our services. If you do not hear from us, please call us at 758-5061. Being eligible for our free services is not a guarantee that we will meet with you.

Address: The Elder Law Clinic, WFU School of Law, Worrell Professional Center, P.O. Box 7206, Winston-Salem, NC 27109-6226