

Please print clearly and answer all the following questions. Any missing information will cause a delay.

17. **Gross monthly income before taxes or deductions** (include income from all sources for all members of your household):

Please check the appropriate box(es)	Applicant	Spouse	Other Household Members	Total
a. <input type="checkbox"/> Job – Wages/Salary <input type="checkbox"/> Self-employed	\$	\$	\$	\$
b. <input type="checkbox"/> Social Security <input type="checkbox"/> SSDI <input type="checkbox"/> SSI	\$	\$	\$	\$
c. <input type="checkbox"/> Welfare/W-2	\$	\$	\$	\$
d. <input type="checkbox"/> Unemployment <input type="checkbox"/> Worker’s Comp.	\$	\$	\$	\$
e. <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony	\$	\$	\$	\$
f. <input type="checkbox"/> Per Capita Payments	\$	\$	\$	\$
g. <input type="checkbox"/> Other Sources of Income: _____	\$	\$	\$	\$

Gross Monthly Total \$ _____

17. **Assets** (include the equity of all assets listed below. **Equity** means the value of item on today’s market **minus** amount owed on item):

Please check the appropriate box(es)	Applicant	Spouse	Other House Members	Total
a. <input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD’s/Stocks/Bonds	\$	\$	\$	\$
b. <input type="checkbox"/> Trusts	\$	\$	\$	\$
c. <input type="checkbox"/> Life Insurance with cash surrender value	\$	\$	\$	\$
d. <input type="checkbox"/> Guns/Boats/ATV’s/Snowmobiles/Motor Homes/etc.	\$	\$	\$	\$
e. <input type="checkbox"/> Real Estate Property other than the home you live in	\$	\$	\$	\$

Total Assets \$ _____

18. **Monthly Household Expenses** (List only those expenses that you or your household members are currently paying):

How much is paid for <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage	\$	How much is paid for childcare?	\$
How much is paid for child support?	\$	How much is paid for medical insurance premiums & out-of-pocket medical expenses?	\$

19. **What is the value of your household property?** \$ _____ Not Applicable
Household property means the contents of your house (i.e., furniture, appliances, etc.) if you were to sell everything at a yard sale.

20. **Citizenship:** I am a citizen of the United States. Yes No If Yes, sign and date.

X APPLICANT’S SIGNATURE _____ **DATE** _____

21. I hereby apply for legal assistance from Judicare Legal Aid (JLA). I hereby certify that the information supplied is true and accurate to the best of my knowledge and belief. I authorize JLA to verify by reasonable means the financial information I have provided.

22. **LIMITED AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION TO FEDERAL AUDITORS AND MONITORS:** Federal law requires JLA to give federal officials that are auditing or monitoring our activities the following information: your name and records containing your eligibility for services. If legal assistance is provided to you, including counsel and advice or brief service, Judicare may be required to provide these federal officials the advice that was provided to you by the JLA attorney, any general information about the nature of your case, your retainer agreement with JLA, and records concerning financial eligibility and client trust funds. You hereby agree that JLA may disclose this information to the federal officials that audit or monitor the activities of JLA and any independent auditor or monitor receiving federal funds to conduct such auditing or monitoring. The above authorization was read, or read to me, and I understand and expressly agree to it.

X APPLICANT’S SIGNATURE _____ **DATE** _____

PLEASE SIGN AND DATE IN BOTH PLACES.

JUDICARE LEGAL AID
AUTHORIZATION AND CERTIFICATION FORM

*This form **must be signed in BOTH places** on the lines below and returned to Judicare Legal Aid. No payment of attorney's fees will be made unless this form has been received by Judicare Legal Aid.*

1. Your first and last name _____
(Please print)

2. I am a citizen of the United States.

Applicant's Signature

Date

If you are **not** a U.S. citizen, please provide a photocopy of the front and back sides of your resident alien card, passport, or other documents regarding your admission to the United States.

3. I certify that the information supplied to Judicare Legal Aid to obtain legal services is true and accurate to the best of my knowledge.

Applicant's Signature

Date

Submit completed form to:

Judicare Legal Aid
P.O. Box 6100
Wausau, WI 54402-6100

Telephone: (715) 842-1681

Toll-Free: (800) 472-1638

Fax: (715) 841-1010

Email: info@judicare.org



Client Name: _____

Judicare Legal Aid REPRESENTATION AGREEMENT

Scope of Representation:

I authorize Judicare Legal Aid (hereafter Judicare), to represent me in the following matter:

Assistance in drafting a Will and/or other Advanced Directives

Judicare agrees to represent me in the matter listed above only. I will ask Judicare to make a new agreement if I want Judicare to represent me in any other matter.

No Guarantee. Judicare staff and volunteers will make their best efforts to assist me but cannot guarantee any specific result in my case.

I agree:

- Everything I told Judicare about myself and my case is true and complete as far as I know.
- I will keep Judicare informed of my current mailing address and telephone number.
- I can tell Judicare to stop representing me in writing whenever I want. Judicare can also stop representing me for a good reason. Some good reasons would be if I didn't tell the truth about my income or my case, if I don't cooperate, if Judicare cannot find me, or any fact or circumstance that would render Judicare's continuing representation unlawful or unethical.

Contact Information:

Judicare can be contacted as follows:

401 Fifth Street, Suite #200
P.O. Box 6100
Wausau, WI 54402-6100

Ph: (715) 842-1681 or Toll Free: (800) 472-1638
Fax: (715) 841-1010
Website: www.judicare.org

Fees and Expenses:

- Judicare will not charge any attorney's fees for services provided under this agreement.
- If I have advanced money to the Judicare trust fund to pay fees and costs, at the end of the case any unused client trust funds payable to me will be returned to me provided a current mailing address has been provided. It is also agreed and understood that if Judicare is unable to locate me to return these funds, such funds will become the property of Judicare six months from the date my case is closed and will be used for services to other low-income clients.

Client Information. Judicare Legal Aid (Judicare) is a not-for-profit community agency that provides legal assistance in civil matters to low-income people in northern Wisconsin and to Native Americans statewide. My main representative may be an attorney or paralegal employed by Judicare or a volunteer private attorney, advocate, or law student.

Confidentiality. Any information I give to Judicare is confidential and may not be released without my permission. Judicare may reveal confidential information as necessary to represent me. A state law requires any person who has cause to suspect that a child is abused or neglected to report certain information about the case to the Department of Social Services. Judicare may report such information as required by law.

My File. Judicare will return my papers to me at the end of my case if I ask for them. If I do not ask for my papers, Judicare will keep my file for ten years, after which it may dispose of my file without notifying me.

Nondiscrimination. Judicare will not discriminate against me on the basis of sex, race, national origin, religion, age, disability, marital status, sexual orientation, or other basis prohibited by law.

Grievance Procedure. I can complain if I don't like the work being done on my case or if Judicare tells me it will stop representing me. If I want to complain, I can ask my representative to explain the grievance procedure to me and to provide me with a grievance form.

I have read or heard the terms of this 2-page agreement, understand them, and agree to them. I have been given a copy of this agreement.

Client Signature

Date

Complete this section only if someone else is signing this agreement on behalf of the Client.

I, _____, am the *Power of Attorney* or *Guardian* (circle one) for the
(Please Print)

above-named Client, and I am entering into this Agreement on Client's behalf.

Power of Attorney or Guardian Signature

Date

ESTATE PLANNING QUESTIONNAIRE

Please fill this out as completely as possible. If there are any questions you cannot answer right now or that do not apply to you, just say so—**this is only a starting place, and we can discuss in more detail when we meet**. Attach separate sheets of paper if needed. It is possible to give property to multiple people (although the attorney will want to talk to you about exactly how to do so). If that is what you want to do, please provide **all names and dates of birth**.

Today's Date: _____

1. **Full Name:** _____ **Date of Birth:** _____
2. Nickname, Maiden Name, or other names used: _____
3. **Tribe:** _____ **Enrollment No.:** _____
4. Spouse's Full Name: _____ **DOB:** _____
5. Is your spouse an enrolled member of an Indian tribe? Yes No If yes, which tribe and what is their enrollment number? _____
6. Have you ever signed a will before? Yes No If yes, when? _____
7. Please list all your **children** below:

Name	Male (M) / Female (F) / Other (O)	Date of Birth	Tribal Enrollment <i>(enrollment number is <u>not</u> necessary)</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe (if different): _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe (if different): _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe (if different): _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe (if different): _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe (if different): _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe (if different): _____

8. Who do you want to handle your affairs and carry out your wishes under your Will? This person is known as your **personal representative**, sometimes called the **executor**.
 Name: _____ Relationship: _____
 - If that person is unwilling or unable to carry out your will, is there someone who could serve as an alternate ("**backup**") personal representative?
 Name: _____ Relationship: _____
9. To whom do you want your **personal property (personal belongings)** to go?
 Name: _____ Relationship: _____
 - If that person is unwilling or unable to take your personal property/belongings, who would be your "**backup**" person?
 Name: _____ Relationship: _____

10. Do you own a **home**? Yes No
- To whom would you like your home to go?
Name: _____ Relationship: _____
 - If that person is unwilling or unable, who would be the “**backup**” person?
Name: _____ Relationship: _____
11. Is your home on trust property? Yes No
12. Is your home an Elder, HUD, or other tribal home? Yes No
- If yes, have you signed any documents besides a Will that says who receives the home if you pass away? Yes No
13. Do you own **other land**? Yes No
- Is this land trust or Indian land? Yes No
 - Where is this land? (Full Address or City/State) _____
 - To whom would you like this **land** to go?
Name: _____ Relationship: _____
Tribal Member? Yes No Which Tribe? _____
 - If that person is unwilling or unable, who would be the “**backup**” person? _____
Name: _____ Relationship: _____
14. Any and all property (whether real estate or personal belongings) which the Will does not give to a specific person is called the “**residual**” (or “**residue**”).
- Who do you want to receive your **residual** (if any)?
Name: _____ Relationship: _____
 - If that person is unwilling or unable to take the residual, who is the “**backup**” person?
Name: _____ Relationship: _____
15. Are there any pieces of personal property (anything you own that isn’t real estate, i.e., vehicles, bank accounts, furniture, jewelry) that you would like to go to a specific person? If so, what are those items, and to whom should they go? (Use back of page if necessary.)

16. If you’re leaving anything to be divided equally between multiple people and one of those people passes before you, do you want that person’s share to go to their children, or would you rather have their share split equally between the surviving people?

JUDICARE WILL ALSO HELP WITH THE FOLLOWING DOCUMENTS IF REQUESTED:

17. Do you want a **HEALTH CARE POWER OF ATTORNEY**? **YES** **NO**
- If **YES**, who would you like to make health decisions for you if you are unable to do so?
Name: _____ Phone: _____
Address: _____ Relation: _____
 - If that person is unwilling or unable to do this for you, who would be your **next choice**?
Name: _____ Phone: _____
Address: _____ Relation: _____
18. Do you want a **FINANCIAL POWER OF ATTORNEY**? **YES** **NO**
- If **YES**, who would you like to make financial decisions for you if you are unable to do so?
Name: _____ Phone: _____
Address: _____ Relation: _____
 - If that person is unwilling or unable to do this for you, who would be your **2nd choice**?
Name: _____ Phone: _____
Address: _____ Relation: _____
 - Who would be your **3rd choice** (optional)?
Name: _____ Phone: _____
Address: _____ Relation: _____
19. Do you want a **LIVING WILL**? *A Living Will, also known as a Declaration to Health Care Professionals, makes it possible for you to state your preferences on life-sustaining procedures and feeding tubes in the event you are in a terminal or persistent vegetative state.* **YES** **NO**
20. Do you want an **AUTHORIZATION FOR FINAL DISPOSITION** form? *This is used to designate someone to take care of your final disposition & funeral arrangements according to your wishes.* **YES** **NO**
- If **YES**, who would you like to name as your representative?
Name: _____ Phone: _____
Address: _____ Relation: _____
 - If that person is unwilling or unable to do this for you, who would be your **2nd choice**?
Name: _____ Phone: _____
Address: _____ Relation: _____
 - Who would be your **3rd choice**?
Name: _____ Phone: _____
Address: _____ Relation: _____



Date: _____

Bureau of Indian Affairs, Great Lakes Agency
Probate / BTFA
916 West Lakeshore Drive
Ashland, WI 54806

To Whom It May Concern:

I am preparing a will and need a current list of my interests in trust property. Please provide me a list of any interests I have in trust property anywhere in the United States, as well as the names, addresses, and interests of any co-owners of such property. Specifically, please provide me with a copy of my **Individual Trust Inventory Report (ITI)**. The following is my information:

Name

BIA/Enrollment Number

Social Security Number (or last 4 digits)

Mailing Address

City, State, and Zip Code

Telephone Number

You have my authorization to send the requested information to the following person who is assisting me:

Douglas S. Twait, Indian Law Office Director
Judicare Legal Aid
P.O. Box 6100
Wausau, WI 54402-6100

I make this request pursuant to 5 U.S.C. § 552(a) and 25 U.S.C. § 2216(e). I look forward to your response within the required time, and I thank you for your assistance.

Sincerely,

Signature

401 Fifth Street, Suite 200 | Wausau, WI 54403

Phone: (715) 842-1681 | **Toll-free:** (800) 472-1638
Fax: (715) 841-1010 | **Email:** info@judicare.org
Website: judicare.org

LSC | America's Partner
for Equal Justice
LEGAL SERVICES CORPORATION

CONSENT FOR THE RELEASE OF INFORMATION

I, _____, authorize the **Bureau of Indian Affairs, 916 Lakeshore Drive West, Ashland, Wisconsin 55402**, to disclose to **Judicare Legal Aid, P.O. Box 6100, Wausau, WI 54402-6100**, the following information:

ANY AND ALL INFORMATION REGARDING ANY TRUST LAND OR
INDIVIDUAL INDIAN MONEY ACCOUNTS IN MY NAME

for the purpose of DRAFTING MY LAST WILL & TESTAMENT.

I understand that my records are protected under state and/or federal privacy laws, and/or attorney/client privilege, and cannot be disclosed without my written consent unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time, except to the extent that action has been take in reliance on it, and that in any event, this consent expires automatically as described below.

Specification of the date, event, or condition upon which this consent expires:

ONE (1) YEAR FROM DATE BELOW

Executed this _____ day of _____ 2025.

Signature of Client

Signature of Parent, Guardian, or Authorized Representative when required