

**Application for Will  
&/or Advanced Directives**

401 N. 5th St, Ste 200 / PO Box 6100  
Wausau, WI 54402-6100  
Ph: (715) 847-4526 / Fax: (715) 841-1010  
Email: [bshampo@legalaction.org](mailto:bshampo@legalaction.org)

Please print clearly and answer all questions. Any missing information may delay the determination of eligibility.

1. **Legal Name:** \_\_\_\_\_  
First MI Last  
 Chosen Name (if different from legal name): \_\_\_\_\_

2. **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. **Email:** \_\_\_\_\_

4. **Phone:** Home (\_\_\_\_) \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_

5. **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**County:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

6. **Current living situation:** (e.g., own home, homeless, living with relatives, apartment, etc.) \_\_\_\_\_

7. **Your HOUSEHOLD.** List the names of each member of your household and their relationship to you. Include spouses and partners, children, grandchildren, extended family, etc. Do NOT include anyone not living with you on a regular basis.

First Name	Last Name	Date of Birth	Relationship

8. **Gender:**  Man  Woman  non-binary  Transman  Transwoman  Gender ID not listed

9. **Are you disabled?**  Yes  No  
 If **yes**, what type of disability?  Blind/visual impairment  Brain injury  Cognitive/Mental disability  
 Deaf/Hard of Hearing  Phys Disability

10. **Are you a veteran** of the U.S. Armed Forces?  Yes  No

11. **Race:**  Asian, Pacific Islander  Black  Hispanic  White  Native American – **which Tribe?** \_\_\_\_\_  
 Other Race: \_\_\_\_\_

12. **Marital Status:**  Single  Married  Widowed  Divorced  Separated (not living together)  
 Other \_\_\_\_\_

13. **Spouse:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Address** (if different than yours): \_\_\_\_\_

14. What are you applying for? \_\_\_\_\_ *Help with a Will &/or Advanced Directives*

15. **How did you hear about this Wills event?** \_\_\_\_\_

**PLEASE COMPLETE PAGE TWO**

Please print clearly and answer ALL questions. Any missing information may cause a delay.

16. **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 Legal Action of Wisconsin Legal Aid (LAW). I hereby certify that the information supplied is true and accurate to the best of my knowledge and belief. I authorize LAW 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 Legal Action to give federal officials 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/advice or brief service, Legal Action of Wisconsin may be required to provide these federal officials the advice that was provided to you by the LAW attorney, any general information about the nature of your case, your retainer agreement with LAW, and records concerning financial eligibility and client trust funds. You hereby agree that LAW may disclose this information to the federal officials that audit or monitor the activities of LAW 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.**

**LEGAL ACTION OF WISCONSIN  
AUTHORIZATION AND CERTIFICATION FORM**

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

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 Legal Action of Wisconsin to obtain legal services is true and accurate to the best of my knowledge.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

Submit completed form to:

**Legal Action of Wisconsin – Wausau Office  
P.O. Box 6100  
Wausau, WI 54402-6100**

Telephone: (715) 842-1681

Toll-Free: (800) 472-1638

Fax: (715) 841-1010

Email: [info@legalaction.org](mailto:info@legalaction.org)

## LEGAL REPRESENTATION AGREEMENT

### ***Scope of Representation:***

I authorize Legal Action of Wisconsin (hereafter Legal Action), to represent me in the following matter: Assistance in drafting a Will and/or other Advanced Directives

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

**No Guarantee.** Legal Action 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 Legal Action about myself and my case is true and complete as far as I know.
- I will keep Legal Action informed of my current mailing address and telephone number.
- I can tell Legal Action to stop representing me in writing whenever I want. Legal Action 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 Legal Action cannot find me, or any fact or circumstance that would render Legal Action's continuing representation unlawful or unethical.

### ***Contact Information:***

Legal Action 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.LegalAction.org](http://www.LegalAction.org)

### ***Fees and Expenses:***

- Legal Action will not charge any attorney's fees for services provided under this agreement.
- If I have advanced money to the Legal Action 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 Legal Action is unable to locate me to return these funds, such funds will become the property of Legal Action six months from the date my case is closed and will be used for services to other low-income clients.

**Client Information.** Legal Action of Wisconsin (Legal Action) 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 Legal Action or a volunteer private attorney, advocate, or law student.

**Confidentiality.** Any information I give to Legal Action is confidential and may not be released without my permission. Legal Action 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. Legal Action may report such information as required by law.

**My File.** Legal Action 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, Legal Action will keep my file for ten years, after which it may dispose of my file without notifying me.

**Nondiscrimination.** Legal Action 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 Legal Action 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? \_\_\_\_\_ **Enrollment No.:** \_\_\_\_\_
6. Have you ever signed a will before?       Yes     No    If yes, when? \_\_\_\_\_
7. Please list **all** your **children** below (*Use back of page if necessary*):

Name	Male (M) / Female (F) / Other (O)	Date of Birth	Tribal Enrollment <i>(enrollment number is not 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 do this, is there someone who could serve as an alternate (“**backup**”) personal representative?  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
9. If you're leaving anything to be divided equally between multiple people and one or more of those people passes before you, do you want that person's share to go to their children (“**per stirpes**”), or should their share be split equally between the survivors (“**per capita**”)?  
 *Per Stirpes*       *Per Capita*

10. To whom do you want your **personal property (personal belongings)** to go?

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

- If that person is unwilling or unable to take your personal property, who would be your **“backup”** person?

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

11. Do you own a **home**?     Yes     No

- Is your home on Trust property?     Yes     No
- 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
- To whom would you like your home to go?

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

- If that person is unwilling or unable, who would be the **“backup”** person?

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

12. Do you own **other land**?     Yes     No

- Is this 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(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Tribal Member?     Yes     No    Which Tribe? \_\_\_\_\_

- If that person is unwilling or unable, who would be the **“backup”** person?

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Tribal Member?     Yes     No    Which Tribe? \_\_\_\_\_

13. **“Residual”** property (or **“residue”**) refers to any "leftover" assets after all debts, taxes, and specific bequests have been distributed, including any property not specifically mentioned in the will, such as assets acquired after the will was written or items that were inadvertently overlooked.

- Who do you want to receive your **residual** property (if any)?

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

- If that person is unwilling or unable to take the residual, who is the **“backup”** person?

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

14. Are there any pieces of specific personal property (anything you own that isn't real estate, such as 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.)

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**LEGAL ACTION WILL ALSO HELP WITH THE FOLLOWING DOCUMENTS IF REQUESTED:**

15. 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: \_\_\_\_\_

16. 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 **2<sup>nd</sup> choice**?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relation: \_\_\_\_\_

- Who would be your **3<sup>rd</sup> choice** (optional)?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relation: \_\_\_\_\_

- When do you want this Power of Attorney for Finance to go into effect?

Only when I'm unable to handle my own finances.  Immediately upon signing.

17. 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

18. 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 **2<sup>nd</sup> choice**?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relation: \_\_\_\_\_

- Who would be your **3<sup>rd</sup> choice**?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relation: \_\_\_\_\_

# LEGAL ACTION OF WISCONSIN

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 Project Manager  
Legal Action of Wisconsin – Wausau Office  
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*

**CONSENT FOR THE RELEASE OF INFORMATION**

I, \_\_\_\_\_, authorize the **Bureau of Indian Affairs, 916 Lakeshore Drive West, Ashland, WI 55402**, to disclose to **Legal Action of Wisconsin, 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 \_\_\_\_\_ 2026.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of Parent, Guardian, or Authorized Representative when required