LEGAL ACTION OF WISCONSIN

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

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. ☐ Job – Wages/Salary ☐ Self-employed	$	$	$	$
b. ☐ Social Security ☐ SSDI ☐ SSI	$	$	$	$
c. ☐ Welfare/W-2	$	$	$	$
d. ☐ Unemployment ☐ Worker's Comp.	$	$	$	$
e. ☐ Child Support ☐ Alimony	$	$	$	$
f. ☐ Per Capita Payments	$	$	$	$
g. ☐ 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. ☐ Cash ☐Checking ☐ Savings ☐ CD's/Stocks/Bonds	$	$	$	$
b. ☐ Trusts	$	$	$	$
c. ☐ Life Insurance with cash surrender value	$	$	$	$
d. ☐ Guns/Boats/ATV's/Snowmobiles/Motor Homes/etc.	$	$	$	$
e. ☐ 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 ☐ Rent ☐ 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

Revised 1/12/2026.

LEGAL ACTION OF WISCONSIN

Client Name: _____

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

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 *(enrollment **number** is not necessary)*
			☐ Yes ☐ No Tribe (if different): _____
			☐ Yes ☐ No Tribe (if different): _____
			☐ Yes ☐ No Tribe (if different): _____
			☐ Yes ☐ No Tribe (if different): _____
			☐ Yes ☐ No Tribe (if different): _____
			☐ Yes ☐ 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 **<u>other</u> 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, <u>and</u> to whom should they go? (Use back of page if necessary.)

_____

_____

_____

_____

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 **2nd choice**?
  Name: _____ Phone: _____
  Address: _____ Relation: _____
- Who would be your **3rd 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 **2nd choice**?
  Name: _____ Phone: _____
  Address: _____ Relation: _____
- Who would be your **3rd 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

Legal Action of Wisconsin – Wausau Office
401 Fifth Street, Suite 200 | Wausau, WI 54403
Phone: (715) 842-1681 | **Toll-free:** (800) 472-1638
Fax: (715) 841-1010 | **Email:** info@LegalAction.org
Website: LegalAction.org

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