

William L. Hoge, III  
& Associates  
Law Offices

“LIVING WILL” DATAPACK  
FOR HEALTHCARE DIRECTIVE

Dear Prospective Client:

I understand that you are interested in having us prepare a Living Will for you. I generally refer such matters to my associate, J. Daniel Landrum, who has many years of experience in simple and complex estate planning.

By completing the attached questionnaire, you can provide us with the information we need to begin preparing your “Living Will”. Please be as complete and accurate as possible. If you need more space for any answers, please continue your response on the back of this form. All this information will, of course, be kept confidential.

After you have completed this Datapack, you need to contact our offices to set up an appointment with me or Dan Landrum. It would be helpful if you will fax, mail or hand-deliver your completed Datapack to us prior to the time of your first appointment. At your first appointment, we will discuss the fee that will be involved in handling your particular situation.

Thank you for allowing us this opportunity to be of service to you.

Very truly yours,



William L. Hoge, III

Suite 506, Legal Arts Building  
200 South Seventh Street  
Louisville, Kentucky 40202-2721

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Website: [www.DivorceInKentucky.com](http://www.DivorceInKentucky.com)  
Facsimile: (502) 583-1223  
Telephone: (502) 583-2005

# William Lacy Hoge, III

**Attorney at Law**  
200 South 7<sup>th</sup> Street  
Legal Arts Building, Suite 506  
Louisville, Kentucky 40202

**E-mail:** BillHoge@usa.net  
**Website:** www.DivorceInKentucky.com  
**Fax:** (502) 583-1223  
**Phone:** (502) 583-2005

**Concentrating in Complex Family Law Representation**  
**Dedicated to providing honest, caring, affordable, quality legal services**

## *Education*

**University of Louisville**  
Bachelor of Science Degree (1969)  
Juris Doctorate (1972)

**Divorce Mediation Training with Zena Zumeta, J.D.**  
Mediator Certification (2002)

**American Academy of Matrimonial Lawyers' Arbitration Training**  
Arbitrator Certification (2004)

## **Extensive Continuing Legal Education Awards and Teaching:**

- Family Law
- Collaborative Family Law
- Alcohol and Drug Abuse
- Mediation Training
- Arbitration Training
- Domestic Violence
- Ethics
- Psychology
- Trial Technique & Demonstrative Evidence

## *Organizations*

**American Academy of Matrimonial Lawyers:**  
President, Kentucky Chapter (2003-2004)  
Continuing Education Chair (1999-present)

**Family Law Solutions, PLLC:**  
Founding Member

**Kentucky Bar Association:**  
Lawyers Helping Lawyers Committee (1980)  
Family Law Section Chair (1997-1998)  
Child Protection & Domestic Violence Committee (2000-2003)

**Kentucky Collaborative Family Law Network, Inc.:**  
Founding Member

**International Academy of Collaborative Professionals:**  
Member

**International Alliance of Holistic Lawyers:**  
Member

**Louisville Bar Association:**  
Family Law Section Chair (1999)  
Family Law Section Member  
ADR Section Member

**American Bar Association:**  
Commission on Lawyer Assistance Programs  
Family Law Section Member

**Jefferson County Family Court:**  
Family Support Center Advisory Committee  
Family Court Advisory Committee (Divorce Rules Committee Chair)  
Family Court Mediator Review Committee

**Kentucky Academy of Trial Attorneys:**  
KATA Member  
Family Law Editor for KATA *Advocate*

## *Special Recognition*

Recipient of the LBA's 1999 Judge Richard A. Revell Family Law Practitioner of the Year Award  
Kentucky Bar Association Continuing Legal Education Award (annually 1990-2003)

## *Publications and Public Speaking*

Co-author and publisher of  
*Divorce in Kentucky – The Dissolution Resolution System, an Interactive Organizer and Video*, 1997  
Numerous Continuing Legal Education and motivational speaking engagements including ABA, AAML, KBA and LBA  
Author, UK/CLE, *Kentucky Domestic Relations Practice*, 1st Ed., Chapter 14 (2006)

## *Legal Experience*

Assistant Jefferson County Attorney (1972-1976)  
Chief Prosecutor for Jefferson County Attorney (1976-1982)  
General Counsel to International Union of Electrical Workers, Local 761 at General Electric (1975-1988)  
General Counsel to Kentucky State District Council of Carpenters, AFL-CIO (UBCJA) (1988-1991)  
General Private Legal Practice (1972 to Present)

## *Admitted and Practiced before:*

Kentucky Supreme Court	1972	U.S. District Court, Eastern District of Ky.	1975
Sixth Circuit Court of Appeals	1974	U.S. Supreme Court	1975
U.S. District Court, Western District of Ky.	1973		

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“LIVING WILL” DATAPACK

PERSONAL INFORMATION

Date Completed: \_\_\_\_\_

Your Full Legal Name: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

HEALTH CARE DECISIONS

(Living Will and Durable Power of Attorney)

Do you want us to draw up a specific directive to your family and health care professionals explaining your preferences in the event you become so ill that you cannot direct your medical care? If you want to be able to communicate to your doctors your wishes in the event you become terminally ill or comatose, please complete the following.

If you are close to death from a terminal condition or in a permanent coma, the doctors will have several decisions to make, including administering life-prolonging procedures, including artificial respiration, resuscitation, dialysis, artificially-administered food and water and other are to make you comfortable or alleviate pain.

If I have a **TERMINAL CONDITION** and can no longer direct my own health care:

- \_\_\_\_\_ I do not want ANY life-prolonging procedures.
- \_\_\_\_\_ I want ALL POSSIBLE life-prolonging procedures.
- \_\_\_\_\_ I want SOME life-prolonging procedures, but only the following:
  - \_\_\_\_\_ Blood and blood products
  - \_\_\_\_\_ Cardio-pulmonary resuscitation (CPR)
  - \_\_\_\_\_ Diagnostic tests
  - \_\_\_\_\_ Dialysis
  - \_\_\_\_\_ Drugs
  - \_\_\_\_\_ Artificial respiration
  - \_\_\_\_\_ Surgery

Comfort Care if in a TERMINAL CONDITION:

- \_\_\_\_\_ I want food and water artificially administered.
- \_\_\_\_\_ I DO NOT want food and water artificially administered.
- \_\_\_\_\_ I want all pain reduction (pain drugs) and comfort care.
- \_\_\_\_\_ I DO NOT want any pain reduction (pain drugs) and comfort care.

If I am diagnosed as being in a **PERMANENT COMA** and can no longer direct my own health care:

- I do not want ANY life-prolonging procedures.
- I want ALL POSSIBLE life-prolonging procedures.
- I want SOME life-prolonging procedures, but only the following:
  - Blood and blood products
  - Cardio-pulmonary resuscitation (CPR)
  - Diagnostic tests
  - Dialysis
  - Drugs
  - Artificial respiration
  - Surgery

Comfort Care if in a **PERMANENT COMA**:

- I want food and water artificially administered.
- I DO NOT want food and water artificially administered.
- I want all pain reduction (pain drugs) and comfort care.
- I DO NOT want any pain reduction (pain drugs) and comfort care.

### HEALTH CARE REPRESENTATIVE

Even if you sign a health care directive, some doctors may not be willing to abide by the decisions you have made. In that event, you should appoint someone you trust to express to the doctors the genuineness of your decisions and your desires.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

EVENING PHONE: \_\_\_\_\_

#### **ALTERNATIVE HEALTH CARE REPRESENTATIVE**

Please identify someone to serve as an ALTERNATE if your first choice for a Health Care Representative is not available

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

EVENING PHONE: \_\_\_\_\_

*We can use the information you have provided here to draft your "Living Will", which you may then review and revise if necessary before executing the necessary documents.*

ATTORNEY'S NOTES

Law Offices of William L. Hoge, III

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Please return completed Datapack to:

William L. Hoge, III  
Suite 506, Legal Arts Building  
200 South Seventh Street  
Louisville, Kentucky 40202  
Fax: (502) 583-1223  
Phone: (502) 583-2005

If you have questions, please call Lois at (502) 583-2005, Ext. 104.