



GUARDIANSHIP QUESTIONNAIRE

This form is extremely important. Your accuracy and completeness in responding will help me represent you. Please bring this completed information packet, including copies of any documents referred to in the questionnaire.

Date: _____

File No.: _____

Person completing the form: _____

I. GENERAL

a. Full Name of Proposed Ward: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date Domicile Established: _____ Birth Date: _____ Age: _____

Social Security No.: _____

b. Place of Confinement or Hospitalization (if different from address above):

Name of Institution: _____

Street Address: _____ City: _____ State: _____

Zip: _____ Date of Confinement or hospitalization: _____

II. PROPOSED GUARDIAN(S)

a. Full Name of Proposed Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date Domicile Established: _____ Birth Date: _____ Age: _____

Social Security No.: _____

Relationship to Proposed Ward or Interest in Proceedings: _____

b. Full Name of Proposed Co-Guardian (if applicable): _____

Street Address: _____ City: _____ State: _____

Zip: _____ Birth Date: _____ Social Security No.: _____

Relationship to Proposed Ward or Interest in Proceedings: _____

c. Potential Conflicts of Potential Guardian(s)

i. Is the Proposed Guardian receiving any compensation from the Proposed Ward for services rendered?

O Yes O No If yes, how much is the compensation? \$ _____

ii. Does the Proposed Guardian owe any funds to the Proposed Ward?

O Yes O No If yes, how much? \$ _____

iii. Does the Proposed Ward owe any funds to the Proposed Guardian?

O Yes O No If yes, how much? \$ _____

iv. Has the Proposed Guardian encountered any of the following problems?

1. Conviction of a crime? (other than a misdemeanor)

O Yes O No

2. Bankruptcy? O Yes O No

3. Revocation of a professional or occupational license?

O Yes O No

III. NAMES, ADDRESSES, AND RELATIONSHIPS OF PERSONS

ENTITLED TO NOTICE OF HEARING

a. Proposed Ward: Is it anticipated that the Proposed Ward will remain at the above address for the next six (6) weeks? O Yes O No

If no, anticipated change in address: _____

b. Proposed Ward's Spouse:

O Married O Separated O Divorced O Deceased O Not Married

Name of Proposed Ward's Spouse: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone No.: _____

Business Phone No.: _____ Birth date _____ Age: _____

Social Security No.: _____

c. Proposed Ward's Father:

Name of Proposed Ward's Father (if living): _____
Address: _____ City: _____ State: _____
Zip: _____ Home Phone No.: _____
Business Phone No.: _____ Birth Date: _____ Age: _____
Social Security No.: _____

d. Proposed Ward's Mother:

Name of Proposed Ward's Mother (if living) _____
Address: _____ City: _____ State: _____
Zip: _____ Home Phone No.: _____
Business Phone No.: _____ Birth Date: _____ Age: _____
Social Security No.: _____

e. Proposed Ward's Children:

i. Name of Child: _____
Address: _____ City: _____ State: _____
Zip: _____ Home Phone No.: _____
Business Phone No.: _____ Birth Date: _____
Age: _____ Social Security No.: _____

ii. Name of Child: _____
Address: _____ City: _____ State: _____
Zip: _____ Home Phone No.: _____
Business Phone No.: _____ Birth Date: _____
Age: _____ Social Security No.: _____

iii. Name of Child: _____
Address: _____ City: _____ State: _____
Zip: _____ Home Phone No.: _____
Business Phone No.: _____ Birth Date: _____
Age: _____ Social Security No.: _____

iv. Name of Child: _____
Address: _____ City: _____ State: _____
Zip: _____ Home Phone No.: _____

Business Phone No.: _____ Birth Date: _____
Age: _____ Social Security No.: _____
Social Security No.: _____

f. Closest Relatives of Proposed Ward (if no Parents, Spouse, or Children):

i. Name of Relative: _____
Address: _____ City: _____ State: _____
Zip: _____ Home Phone No.: _____
Business Phone No.: _____ Birth Date: _____
Age: _____ Social Security No.: _____

ii. Name of Relative: _____
Address: _____ City: _____ State: _____
Zip: _____ Home Phone No.: _____
Business Phone No.: _____ Birth Date: _____
Age: _____ Social Security No.: _____

g. INDIVIDUAL LIVING WITH PROPOSED WARD:

Full Name of Individual Living With Proposed Ward: _____

h. POTENTIAL WITNESSES (Independent of family members):

i. Name of Potential Witness: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone No.: _____

ii. Business Phone No.: _____
Name of Potential Witness: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone No.: _____
Business Phone No.: _____

IV. WHY DOES PROPOSED WARD NEED A GUARDIAN?

a. Name(s) of medical condition(s): _____

b. Examples of mental incapacity: _____

c. If an emergency temporary guardianship is necessary, what immediate harm will be prevented by such guardianship? _____

d. Miscellaneous: _____

V. MEDICAL

a. PHYSICIAN/PSCHIATRIST:

i. Name of Physician/Psychiatrist (if any): _____

Street Address: _____ City: _____

State: _____ Zip: _____

Business Phone No.: _____

Attending Examining

ii. Name of Physician/Psychiatrist (if any): _____

Street Address: _____ City: _____

State: _____ Zip: _____

Business Phone No.: _____

Attending Examining

iii. Name of Physician/Psychiatrist (if any): _____

Street Address: _____ City: _____

State: _____ Zip: _____

Business Phone No.: _____

Attending Examining

b. INSURANCE:

- i. Medicare: Medicare Part A Medicare Part B
 Medicare Part D Medicare Supplemental
 Medicare Advantage

ii. Private Insurance: (Please provide copy of policy)

Name of Private Medical Insurance Company: _____

Address: _____ City: _____ State: _____

Zip: _____ Business Phone No.: _____

Policy No.: _____

iii. Private Insurance: (Please provide copy of policy)

Name of Private Medical Insurance Company: _____

Address: _____ City: _____ State: _____

Zip: _____ Business Phone No.: _____

Policy No.: _____

iv. Long-Term Health Care Insurance (Please provide copy of policy)

Name of Private Medical Insurance Company: _____

Address: _____ City: _____ State: _____

Zip: _____ Business Phone No.: _____

Elimination Period: _____

VI. SUMMARY OF INCOME AND EXPENSES

**Please list Proposed Ward's estimated income and expenses for this year from the following sources:*

	Monthly Amounts	
Income	Proposed Ward	Ward's Spouse (if any)
Social Security	_____	_____
Interest	_____	_____
Dividends	_____	_____
Pension Benefits	_____	_____
IRA Distribution	_____	_____
Rental Income	_____	_____
Capital Gains (Losses)	_____	_____
Other Income	_____	_____

(Please provide copies of recent statements.)

VII. CURRENT ESTATE PLANNING

a. Has the Proposed Ward executed any of the following estate planning documents:

- i. Will O Yes O No
- ii. Living Trust O Yes O No
- iii. Living Will or Health Care Power of Attorney O Yes O No
- iv. Power of Attorney O Yes O No
- v. Other O Yes O No

B. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)

(Please provide copies of most recent statements)

Name of Bank/Branch	Account No.	Type of Account	Balance/Value	Title Held
Big Bank/Main St.	xxx-xxxx	Savings	\$ xx,xxx.xx	Jointly
(Sample)				
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____

C. SECURITIES (Bonds, Marketable Securities, etc.)

(Please provide copies of most recent statements)

Name of Company	Type of Sec.	# Shares/Value	Cost	Current Val.	Title Held
Acme Corp.	Common	xx Shares	\$ x,xx	\$ x,xx	Owner
(Sample)	(or Preferred)				
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____

F. PERSONAL PROPERTY

	Market Value and Item	How Title Held
Home Furnishings:	\$ _____	\$ _____
Cars, RVs, Boats, etc.:	\$ _____	\$ _____
Cars, RVs, Boats, etc.:	\$ _____	\$ _____
Cars, RVs, Boats, etc.:	\$ _____	\$ _____
Jewelry, Furs, etc.:	\$ _____	\$ _____
Other :	\$ _____	\$ _____
Other :	\$ _____	\$ _____

G. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES

Briefly describe or give the name of any Trust in which the proposed ward has an interest, or the person who is the source of the inheritance and what the proposed ward may receive. Please provide a copy of the Will or Trust which creates the interest, if available. If not, please advise if and how we may obtain a copy.

H. BUSINESS INTERESTS

If the proposed ward has an ownership in any business (whether sole proprietorship, corporation or partnership), please provide additional information regarding the nature of the interest and value of the business interest. If there are business documents (such as Buy-Sell Agreements, Stock Certificates, etc.), please provide copies.
