



ANDERSON ELDER LAW

206 Old State Rd, Media, PA 19063 T: 610-566-4700 F: 610-566-4702

GUARDIANSHIP QUESTIONNAIRE

This form is extremely important. Your accuracy and completeness in responding will help me represent you. Bring this information with you to the appointment.

Date: _____ Home Phone No.: _____ Business Phone No.: _____

I. GENERAL

Full Name of Proposed Ward: _____
(Print name as Proposed Ward signed checks)

Street Address: _____

City: _____ State: _____ Zip: _____

Date Domicile Established: _____

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

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Confinement or Hospitalization: _____

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

II. PROPOSED GUARDIAN(S)

A. Full Name of Proposed Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ 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: _____



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C. Potential Conflicts

1. Is the Proposed Guardian receiving any compensation from the Proposed Ward for services rendered?
 Yes No If yes, how much is the compensation? \$ _____
2. Does the Proposed Guardian owe any funds to the Proposed Ward?
 Yes No If yes, how much? \$ _____
3. Does the Proposed Ward owe any funds to the Proposed Guardian?
 Yes No If yes, how much? \$ _____
4. Has the Proposed Guardian encountered any of the following problems?
 - a. Conviction of a crime? (other than a misdemeanor) Yes No
 - b. Bankruptcy? Yes No
 - c. Revocation of a professional or occupational license? Yes 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? Yes No

B. Proposed Ward's Spouse:

Married Separated Divorced Deceased

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.: _____



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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:

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

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

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

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



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Name of Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

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

Name of Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

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

F. CLOSEST RELATIVE(S) OF PROPOSED WARD (if no Parents, Spouse, or Children)

1. Name of Relative: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

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

2. Name of Relative: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

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

3. Name of Relative: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

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



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G. INDIVIDUAL LIVING WITH PROPOSED WARD

Full Name of Individual Living With Proposed Ward: _____

H. ADMINISTRATOR OF FACILITY IN WHICH PROPOSED WARD IS LIVING (IF APPLICABLE)

Name of Administrator: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____

I. BUSINESS PARTNER(S) OR ASSOCIATE(S) OF PROPOSED WARD

1. Name of Partner or Associate: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

2. Name of Partner or Associate: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

J. POTENTIAL WITNESSES (INDEPENDENT OF FAMILY MEMBERS)

1. Name of Potential Witness: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

2. Name of Potential Witness: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____



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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?

V. MEDICAL

A. PHYSICIAN OF PROPOSED WARD

Name of Physician/Psychiatrist (if any): _____
Address: _____
City: _____ State: _____ Zip: _____
Business Phone No.: _____

Attending or Examining

Name of Physician/Psychiatrist (if any): _____
Address: _____
City: _____ State: _____ Zip: _____
Business Phone No.: _____

Attending or Examining

Name of Physician/Psychiatrist (if any): _____
Address: _____
City: _____ State: _____ Zip: _____
Business Phone No.: _____

Attending or Examining



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B. INSURANCE

1. **Medicare:** Medicare Part A Medicare Part B Medicare Part D
Medicare Supplemental Medicare Advantage

2. **Private Insurance: (Please provide copy of policy)**

Name of Private Medical Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____

Policy No.: _____

3. **Private Insurance: (Please provide copy of policy)**

Name of Private Medical Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____

Policy No.: _____

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

Name of Long-Term Health Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____

Policy No.: _____

Daily Benefits: _____

Elimination Period: _____



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VI. SUMMARY OF INCOME AND EXPENSES. Please list Proposed Ward's estimated income and expenses for this year from the following sources:

Monthly Amounts

<u>Income</u>	<u>Proposed Ward</u>	<u>Ward's Spouse</u>
Social Security	_____	_____
Interest	_____	_____
Dividends	_____	_____
Pension Benefits	_____	_____
IRA Benefits	_____	_____
Rental Income	_____	_____
Capital Gains (Losses)	_____	_____
Other Taxable Income	_____	_____
Other Nontaxable Income	_____	_____

(Please provide copies of recent statements.)

VII. ASSETS AND LIABILITIES

ASSETS

Real Estate (Please provide copies of all deeds or leases.)

<u>Owner(s)</u>	<u>Basis (Purchase Price Plus Location)</u>	<u>Estimated (Improvements)</u>	<u>Mortgage Value</u>	<u>Balance</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

<u>Owner(s)</u>	<u>Leases</u>	<u>Annual Rent</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Stocks and Bonds (Please provide copies of statements or certificates.)

Held by Ward

_____	\$ _____
_____	\$ _____
_____	\$ _____

Held by Spouse

_____	\$ _____
_____	\$ _____
_____	\$ _____

Held in Joint Names

_____	\$ _____
_____	\$ _____
_____	\$ _____

Partnership or Closely Held Corporate Interests

(Please provide partnership agreement, shareholder's agreements, and copies of stock certificates.)

<u>Owner(s)</u>	<u>Business</u>	<u>Percentage of Interest</u>	<u>Value of Interest</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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Cash, Mortgage, and Notes

(Please provide copies of bank statements, mortgages, and notes receivable.)

a. Cash

b. Checking Accounts [Name(s) on Account(s) and Name(s) of Bank(s)]

<u>Owner(s)</u>	<u>Bank</u>	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

c. Savings Accounts [Name(s) on Account(s) and Name(s) of Bank(s)]

<u>Owner(s)</u>	<u>Bank</u>	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

d. Mortgages Receivable

<u>Owner(s)</u>	<u>Mortgagee(s)</u>	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

e. Notes Receivable [Name(s) of Holder(s)]

<u>Owner(s)</u>	<u>Debtor(s)</u>	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____



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Life Insurance (Please provide copies of all policies.)

<u>Owner(s)</u>	<u>Company</u>	<u>Amount</u>	<u>Loan</u>	<u>Beneficiary</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

Tangible Personal Property: \$ _____

Household Furnishing, Jewelry, Collections:

Ward \$ _____

Ward's Spouse \$ _____

Other Tangible Personal Property (e.g., Boats):

<u>Owner(s)</u>	<u>Property</u>	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

f. Automobiles (Please provide a copy of each registration.)

<u>Owner(s)</u>	<u>Automobile</u>	<u>Current Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Safe Deposit Boxes Yes No

<u>Name & Location of Box</u>	<u>Contents</u>	<u>Estimated Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____



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Collections included in any category above (e.g., jewelry, antiques, art)

<u>Location and Owner(s)</u>	<u>Estimated Value</u>
_____	\$ _____

Retirement Benefits--Proposed Ward (Please provide copies of statements.)

Pension Beneficiary

_____	\$ _____
_____	\$ _____

Profit Sharing

_____	\$ _____
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IRA Accounts

_____	\$ _____
_____	\$ _____

VIII. CURRENT ESTATE PLANNING

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

- | | | |
|---|------------------------------|-----------------------------|
| 1. Will | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Living Trust | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Living Will or Health Care Power of Attorney | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Power of Attorney | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Other: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

B. Please provide copies of any of the above-mentioned documents that exist.

M. CERTIFICATION

The undersigned hereby represents to Anderson Elder Law that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature

Date