

**GUARDIANSHIP QUESTIONNAIRE**

Date: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_

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

**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: \_\_\_\_\_

**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.: \_\_\_\_\_

**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.: \_\_\_\_\_

**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.: \_\_\_\_\_

**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.: \_\_\_\_\_

**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

**B. INSURANCE**

1. **Medicare:** Medicare Part A  Medicare Part B

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

3. **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.: \_\_\_\_\_

Home Care  or Custodial Care

**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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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)]**

Owner(s)

Bank

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

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

Owner(s)

Bank

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

d. **Mortgages Receivable**

Owner(s)

Mortgagee(s)

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

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

Owner(s)

Debtor(s)

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

**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>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**d. 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 &amp; Location of Box</u>	<u>Contents</u>	<u>Estimated Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**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, LLC. 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