

*Estate Planning & Asset Protection  
Probate and Trust Administration  
Guardianship – Special Needs  
Long-Term Care Planning – Medicaid  
Veterans Benefits – Aid & Attendance  
International Tax*

# GUARDIANSHIP & CONSERVATORSHIP

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## QUESTIONNAIRE

THE INFORMATION YOU PROVIDE IN THIS QUESTIONNAIRE WILL BE USED TO HELP YOU ORGANIZE YOUR PERSONAL AND FINANCIAL INFORMATION SO THAT WE CAN PROPERLY ASSESS YOUR CURRENT SITUATION AND EVALUATE WHAT SERVICES ARE APPROPRIATE FOR YOU. THE INFORMATION REQUESTED IN THIS FORM IS ESSENTIAL IN ORDER FOR US TO GIVE YOU PROPER ADVICE AND RECOMMENDATIONS.

**ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.**

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA E-MAIL, MAIL OR FAX.

## Personal Information

### Person Completing Form (if different from the client):

Name: \_\_\_\_\_  
(first, middle, last)

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

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work phone: \_\_\_\_\_

Can we email documents?  Yes  No

Can we call you at work?  Yes  No

Relationship with Incapacitated person: \_\_\_\_\_

### Person in Need of Guardian/Conservator:

Name: \_\_\_\_\_  
(first, middle, last)

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

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

Social Security Number: \_\_\_\_\_ U.S. Citizen?  Yes  No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

## Relatives

For the petition for guardianship we will need at least three known relatives. Please provide the names and mailing addresses of the incapacitated person's spouse, adult children, parents and adult siblings, step-children, or, if no such relatives are known, at least three other known relatives.

Full Name: \_\_\_\_\_  
(first, middle, last)

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

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work phone: \_\_\_\_\_

Relationship with Incapacitated person: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(first, middle, last)

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

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work phone: \_\_\_\_\_

Relationship with Incapacitated person: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(first, middle, last)

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

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work phone: \_\_\_\_\_

Relationship with Incapacitated person: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(first, middle, last)

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

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work phone: \_\_\_\_\_

Relationship with Incapacitated person: \_\_\_\_\_

## Medical Information

### Personal Physician:

Name: \_\_\_\_\_  
Date of Last Visit: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Personal Physician or Psychiatrist:

Name: \_\_\_\_\_  
Date of Last Visit: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Diagnosis

What are the reasons for seeking guardianship and conservatorship? What the physical and mental conditions justifying the guardianship and conservatorship?

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## Proposed Guardian(s)/Conservator(s)

Person filing the form is the proposed guardian and conservator?  Yes  No

If no, complete the information requested below:

Full Name: \_\_\_\_\_  
(first, middle, last)

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

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work phone: \_\_\_\_\_

Relationship with Incapacitated person: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(first, middle, last)

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

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work phone: \_\_\_\_\_

Relationship with Incapacitated person: \_\_\_\_\_

## Proposed Standby Guardian(s)/Conservator(s)

Full Name: \_\_\_\_\_  
(first, middle, last)

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

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work phone: \_\_\_\_\_

Relationship with Incapacitated person: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(first, middle, last)

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

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work phone: \_\_\_\_\_

Relationship with Incapacitated person: \_\_\_\_\_

## Income

	\$ per month	\$ per year
Monthly Social Security Income		
Monthly Investment & other income		

## Resources

The approximate value of each asset owned should appear in only one of the columns.

Assets	Sole Name	Joint
Investments & Bank accounts		
Anticipated inheritance		
<b>Total</b>		
Liabilities:		
<b>Net Total</b>		