



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: _____

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 of Potential Guardian(s)

- 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
If no, anticipated change in address: _____

B. Proposed Ward's Spouse:
 Married Separated Divorced Deceased Not Married

1. 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:

1. 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:

1. 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:

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

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

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

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

F. Closest Relatives 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.: _____

G. INDIVIDUAL LIVING WITH PROPOSED WARD:

Full Name of Individual Living With Proposed Ward: _____

H. 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? _____

D. Miscellaneous: _____

V. MEDICAL

A. PHYSICIAN/PSYCHIATRIST:

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

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____

Attending

Examining

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

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____

Attending

Examining

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

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____

Attending

Examining

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 Private Medical Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____ Policy No.: _____

Daily Benefits: _____ 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:

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

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

VIII. CERTIFICATION

The undersigned hereby represents to Anderson Elder Law that the information contained in this questionnaire (including the attached schedules) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Anderson Elder Law may not be appropriate.

Signature of Client or Client Representative

Date

SCHEDULE 1: ASSETS AND RESOURCES

A. REAL ESTATE

(Please provide copies of deeds and most recent tax bills)

Description (Location)	Cost (Basis)	Market Value	Mortgage Bal.	How Title Held
123 Know Way <i>(Sample)</i>	\$ xxx,xxx.xx	\$ xxx,xxx.xx	\$ xx,xxx.xx	Joint tenant
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____

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	How Title Held
Big Bank/Main St. <i>(Sample)</i>	xxx-xxxx	Savings	\$ xx,xxx.xx	Jointly w/ son
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

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

(Please provide copies of most recent statements)

Name of Company	Type of Sec.	# Shares/Face Val.	Cost	Current Val.	How Title Held
Acme Corp. <i>(Sample)</i>	Common <i>(or Preferred)</i>	xx Shares	\$ x,xxx.xx	\$ x,xxx.xx	Sole owner
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____

D. RETIREMENT ACCOUNTS (IRAs, Annuities, Keoghs, etc.)

(Please provide copies of most recent statements and beneficiary designations)

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value
Big Broker <i>(Sample)</i>	xxx-xxxx	Client	Spouse	Jan, 1970	\$ xx,xxx.xx
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

E. LIFE INSURANCE (Whole Life, Term, Endowment, etc.)

(Please provide copies of most recent statements and beneficiary designations)

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value
Apple Ins. Co. <i>(Sample)</i>	xxx-xxxx	Client	Son/Daughter	Jan, 1970	\$ xx,xxx.xx
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

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.

I. MISCELLANEOUS

If the proposed ward has any property interests not described above, please explain the nature of the interests and the estimated value of each.

RESET FIELDS

SAVE

SEND VIA EMAIL

PRINT