

GUARDIANSHIP AND/OR CONSERVATORSHIP INTAKE

- 1. A. Full Name of Person to be Protected ("Respondent"): _____

- B. SS#: _____ Date of Birth: _____
- C. Address: _____

- D. Telephone Number: _____
- E. If in Care Facility, Contact Person and Title: _____

- F. If in Hospital/Care Center, Where and When Admitted?: _____

2. Treating Physician for Respondent's Address and Telephone Number: _____

- A. Is any Doctor or Advisor recommending the Respondent be placed for treatment outside the home: _____ Yes _____ No
- B. If Yes, why?: _____

- C. Doctor's Statement Obtained: Yes No (Circle One)
- D. Diagnosis: _____

- E. Explain problems, i.e. wanders, suicidal, other deficits, including, but not limited to, memory loss, risk of falling, loss of eyesight/hearing, incontinence, self neglect, etc.... (Please be specific and give examples): _____

F. Brief description of the Respondent's mental condition: _____

G. Brief description of the Respondent's physical condition: _____

H. What is the incapacity plan for the Respondent: _____

3. A. Does an emergency exist requiring a Temporary Guardianship?

_____ Yes _____ No

If Yes, please explain the circumstances surrounding the need for an emergency: _____

B. Does the Respondent need to be placed in facility:

_____ Yes _____ No

If Yes, what type? _____

4. Is there a Health Care Representative: _____ Yes _____ No

If Yes, Whom is Appointed: _____

(Please provide a copy to the Lawyer if available)

5. Is there a financial Power of Attorney: _____ Yes _____ No

If Yes, Whom is Appointed: _____

(Please provide a copy to the Lawyer if available)

6. Is there a Trustee for the Respondent: _____ Yes _____ No

If Yes, Whom: _____

(Please provide a copy to the Lawyer if available)

7. Is there a Will for the Respondent: _____ Yes _____ No

(If Yes, please provide a copy to the Lawyer if available)

8. If there is a financial manager for the Respondent, is he/she having any trouble?: _____ Yes _____ No
 If Yes, please describe: _____

9. Should there be any limits on the authority of the proposed Guardian and/or Conservator?: _____ Yes _____ No
 If Yes, please described the limits suggested: _____

10. Benefits received (if applicable):
 _____ VA ~ Amount \$ _____;
 _____ Social Security ~ \$ _____;
 _____ Medicaid ~ \$ _____.
11. Does the Respondent own any real property: _____ Yes _____ No
 If Yes, please list the Real Property (Location and estimated Value): _____

12. Will any real property belonging to the Respondent need to be sold in order to fund care for the Respondent: _____ Yes _____ No
13. Estimated value of Respondent's estate: \$ _____
14. Does the Respondent have any assets that are held jointly with another other person? _____ Yes _____ No
 If Yes, please describe and discuss with the Attorney: _____

15. Does the Proposed Guardian and/or Conservator owe money to the Respondent?: _____ Yes _____ No
 If Yes, please explain: _____

16. Does the Proposed Guardian and/or Conservator receive money from the Respondent regularly?: _____ Yes _____ No
If Yes, please explain: _____

17. A. Who is the Person who will be signing the Petition ("Petitioner"): _____
B. Address: _____
C. Telephone Number: _____
D. Date of Birth: _____
E. Relationship to Respondent: _____

18. A. Who is the Proposed Guardian?: _____
B. Address: _____
C. Telephone Number: _____
D. Date of Birth: _____
E. Relationship to Respondent: _____
F. Is the proposed Guardian being paid to provide services to the Respondent?: _____ Yes _____ No
If Yes, please explain: _____

19. A. Who is the Proposed Conservator?: _____
B. Address: _____
C. Telephone Number: _____
D. Date of Birth: _____
E. Relationship to Respondent: _____
F. F. Is the proposed Guardian being paid to provide services to the Respondent?: _____ Yes _____ No
If Yes, please explain: _____

20. Has the proposed Guardian and/or Conservator had any of the following problems (there is no time limitation on these, it is to mean EVER):

_____ Conviction of a Crime

_____ Filed for Bankruptcy

_____ Revocation of an occupational or professional license

If Yes, please list who and give a brief description of dates and/or reason (i.e. filed for Bankruptcy due to...): _____

21. Please list the Name, Address and Telephone Number of any Spouse or Adult Children of the Respondent:

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

22. Does anyone NOT listed above live with the Respondent:

_____ Yes _____ No

If Yes, please explain whom (please also explain relationship): _____

23. Please list the Names, Telephone Numbers and Relationships of any persons you believe would have pertinent information that is not already listed:

NAME, TELEPHONE NUMBER & RELATIONSHIP

NAME, TELEPHONE NUMBER & RELATIONSHIP

NAME, TELEPHONE NUMBER & RELATIONSHIP

NAME, TELEPHONE NUMBER & RELATIONSHIP