

GUARDIANSHIP INTAKE FORM

Please complete this form with the requested information and bring with you to meet with us. The information provided will be required before filing a petition before the court. If you are unsure of any information requested, please so indicate.

Client Information

Name: _____

Address: _____

Home Phone: _____ Work phone: _____ Cell phone: _____

Birth Date: _____ SS#: _____

Employer: _____ Occupation: _____

Relationship to Alleged Disabled Person: _____

Alleged Disabled Person Information

Name: _____ Date of Birth: _____

Residence: _____

Nursing Home/Current Address: _____

Reason for guardianship: _____

Primary Doctor: _____ Doctor phone: _____

Annual Income: _____ Income source: _____

Value of Real Property: _____ Value of other assets: _____

Has he/she ever signed a power of attorney? (If yes, please provide copy) _____

If yes, named agent and address: _____

Alleged Disabled Person Family Information (Name and Address for each)

Mother: _____

Father: _____

Spouse: _____

Children (Indicate son/daughter): _____

Siblings (Indicate brother/sister): _____

Other Family (if none of above, indicate relationship): _____

Please check if any of the following apply:

- Alleged disabled person likely requires 24 assistance at home
- Alleged disabled person likely requires long-term nursing home placement
- Alleged disabled person needs Medicaid assistance
- Alleged disabled person being cared for currently by family members
- Family members are expected to contest hearing
- Alleged disabled person expected to contest hearing
- Money may have been withdrawn recently without alleged disabled person's consents
- Alleged disabled person holds money in joint tenant accounts with other persons
- Alleged disabled person has signed Will and/or Trust
- Guardianship has been filed in another state or county

Signed: _____

Date: _____