

Guardianship Questionnaire

Thank you for contacting us regarding your guardianship matter. The following questionnaire will be used during your initial consult to determine if there is a sufficient need for our services. Completing this questionnaire does not obligate you to engage us as your attorney, nor does it obligate us to engage you as a client. By signing below you acknowledge the nature of your initial consultation is exploratory only, and no attorney-client relationship is being formed. However, to ensure that an accurate assessment of your case can be made, your answers should be accurate and honest.

Name of person completing form

Relationship to Prospective Ward

Signature

Date

How did you hear about us? website newspaper referred by: _____ other: _____

I. PROPOSED WARD

Full Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number (last 4): _____

Date Domicile Established _____

If Confined/Hospitalized

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of
Confinement/Hospitalization _____

II. PROPOSED GUARDIANS

Full Legal Name: _____ Nickname _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Date of Birth: _____ Social Security Number (last 4): _____

Relationship to Proposed Ward: _____

Proposed Co-Guardian
(if applicable)

Full Legal Name: _____ Nickname _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Date of Birth: _____ Social Security Number (last 4): _____

Relationship to Proposed Ward: _____

III. POTENTIAL CONFLICTS OF INTEREST

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

IV. 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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Date of Birth: _____

C. Proposed Ward's Father (if living)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Date of Birth: _____

D. Proposed Ward's Mother (if living)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Date of Birth: _____

E. Proposed Ward's Children (if living)

1. Name of Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Date of Birth: _____

2. Name of Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Date of Birth: _____

3. Name of Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Date of Birth: _____

4. Name of Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Date of Birth: _____

ATTACH ADDITIOANL SHEETS IF NECESSARY

F. Closest Relatives of Proposed Ward (if no Parents, Spouse or Children)

1. Relative's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Date of Birth: _____ Relation: _____

2. Relative's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Date of Birth: _____ Relation: _____

G. Individual Living with Proposed Ward

Full

Name: _____

H. Potential Witnesses (Independent of Family Members)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

V. WHY DOES PROPOSED WARD NEED A GUARDIAN

A. Name 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 _____

VI. MEDICAL

A. Physician/Psychiatrist

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

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Attending Examining

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

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Attending Examining

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

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Attending Examining

B. Insurance

1. Medicare: Medicare Part A Medicare Part B Medicare Part D

Medicare Supplemental Medicare Advantage

2. Name of Private Medical Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Policy No: _____

Please provide copy of policy

3. Name of Private Medical Insurance Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Best Phone Number: _____ Policy No: _____

Please provide copy of policy

4. Long-Term Health Care Insurance Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Best Phone Number: _____ Policy No: _____
 Daily Benefits: _____ Elimination Period: _____

Please provide copy of policy

VII. SUMMARY OF INCOME AND EXPENSES

**Please list proposed ward's estimated MONTHLY income and expenses for this year from the following sources:*

Income	Proposed Ward	Ward's Spouse (if any)
Social Security	_____	_____
Interests	_____	_____
Dividends	_____	_____
Pension Benefits	_____	_____
IRA Distributions	_____	_____
Rental Income	_____	_____
Capital Gains (Losses)	_____	_____
Other Income	_____	_____

Please provide copies of recent statements

VIII. CURRENT ESTATE PLANNING

A. Has the Proposed Ward Executed any of the following estate planning documents:

- | | | |
|----------------------------------|--|----------------|
| 1. Will | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Living Trust | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. General Power of Attorney | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Health Care Power of Attorney | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. Advance Directive/Living Will | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | Describe _____ |
-
-

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

IX. CERTIFICATION

The undersigned hereby represents to Brady, Morton & Cobin 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 Brady, Morton & Cobin may not be appropriate.

Signature of Client or Client Representative

Date

SCHEDULE 1: ASSETS AND RESOURCES

Please complete the following section, indicating the ownership of each asset that is not individually owned by you. Please mark to the left of each asset a "J" for any jointly owned property, or a "T" for any property titled into trust:

___ **Real Estate**
Address: _____
Purchase price: _____ Est. Fair Market Value: _____
Year of purchase: _____ Mortgage Balance: _____

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Address: _____
Purchase price: _____ Est. Fair Market Value: _____
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Purchase price: _____ Est. Fair Market Value: _____
Year of purchase: _____ Mortgage Balance: _____

General household furniture and furnishings

Household effects of special value (e.g. china, silver, art works, antiques, jewelry, collections, etc.)

<u>Description</u>	<u>Estimated Value</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

(Please provide copies of most recent statements)

Name of Institution	Account No.	Owner	Current Value	Beneficiary
<i>Apple Ins. Co.</i>	<i>xxx-xxxx</i>	<i>Prospective Ward</i>	<i>\$ xx,xxx.xx</i>	<i>Daughter</i>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

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.

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.
