



GUARDIANSHIP

Today's date: _____

How did you hear about our services? _____

PERSONAL INFORMATION

YOU:

PROPOSED WARD:

Full Name:		Full Name:	
Pronouns:		Pronouns:	
Former Name(s):		Former Name(s):	
Address:		Address:	
Email Address:		Mailing Address:	
Home Phone No:		Home Phone No:	
Cell Phone No:		Cell Phone No:	
Occupation		Occupation:	
Date of Birth:		Date of Birth:	
SSN:		SSN:	

What is your relationship to the proposed ward? _____

FAMILY INFORMATION

Proposed Ward's Spouse (if applicable)

Full Legal Name: _____

Former Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email Address: _____

Home Phone: _____ Occupation: _____

Proposed Ward's Adult Children

Full Legal Name: _____

Former Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email Address: _____

Home Phone: _____ Occupation: _____

Full Legal Name: _____

Former Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email Address: _____

Home Phone: _____ Occupation: _____

Full Legal Name: _____

Former Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email Address: _____

Home Phone: _____ Occupation: _____

Full Legal Name: _____

Former Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email Address: _____

Home Phone: _____ Occupation: _____



Proposed Ward's Parents

Full Legal Name: _____

Former Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email Address: _____

Home Phone: _____ Occupation: _____

Full Legal Name: _____

Former Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email Address: _____

Home Phone: _____ Occupation: _____

Proposed Ward's Siblings

Full Legal Name: _____

Former Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email Address: _____

Home Phone: _____ Occupation: _____

Full Legal Name: _____

Former Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email Address: _____

Home Phone: _____ Occupation: _____



PROPOSED WARD'S REAL PROPERTY

General Description and/or Address	Fair Market Value	Mortgage/Loan

PROPOSED WARD'S PERSONAL PROPERTY

Type: Major personal effects, such as motor vehicles, boats, jewelry, collections, antiques, furs, and all other valuable personal property.

Type	Value



PROPOSED WARD'S FINANCIAL ACCOUNTS

Name of Institution	Type of Account	Value

CONCERNS

Before our initial meeting, it is important for us to understand your concerns. We want to know what prompted you to schedule this appointment. Please answer the following questions as best you can.

What extent of guardianship are you seeking for the proposed ward in each of the following decision-making areas: residential, educational, medical, legal, vocational, and financial (e.g., full authority, limited authority, or no authority)? _____

Please provide your explanation regarding the specific facts that establish the need for a guardianship. _____



Please describe any physical, mental, or emotional limitations of the proposed ward. _____

To the best of your knowledge, has the proposed ward designated anyone as an attorney-in-fact or agent on a power of attorney or health care directive form? _____

Do you believe the proposed ward should retain the right to vote? Why or why not? _____

Do you believe the proposed ward should retain the right to change his/her marital status? Why or why not? _____

Do you believe the proposed ward should retain the right to have a motor vehicle operator's license? Why or why not? _____

Is there a guardianship currently in place for the proposed ward? If so, please provide all relevant details, including the location and time such guardianship was entered. _____



If you are seeking to change a current guardianship, please explain why a change is necessary. ____

Is there any other information you would want the court to know in this proceeding? _____

