

Guardianship Questionnaire

This form is extremely important. Your accuracy and completeness in responding will help me to prepare the guardianship petition.

- 1) Contact Person: _____
- 2) Address: _____

- 3) Telephone: _____
- 4) Name of Alleged Incapacitated: _____
- 5) Date of Birth: _____
- 6) Social Security No.: _____
- 7) Marital Status: _____ Spouse Name (if applicable): _____
- 8) Current Place of Residence: _____

- 9) Name of Nursing Home Administrator (if applicable): _____
- 10) Date of Admission to Nursing Home (if applicable): _____
- 11) Diagnosis of the incapacitated person: _____

- 12) Name of the Physician making diagnosis: _____
- 13) Address of diagnostic physician: _____
- 14) Phone No. of diagnostic physician: _____
- 15) Proposed Guardian Name: _____
- 16) Proposed Guardian's Employer (if applicable): _____
- 17) Proposed Guardian's Occupation: _____

18) Power of Attorney Name (if applicable): _____

19) Name and address of next of kin (including currently alive and deceased):

20) Income information of the incapacitated person:

	<u>Gross Amount</u>	<u>How Often</u>
Social Security Income	_____	_____
Pension	_____	_____
Miscellaneous	_____	_____

21) Real Estate Address: _____

22) How is Real Estate Titled: _____

22) Additional Assets: _____

If you should need more room for any additional information, please use the backs of these pages.