



GUARDIANSHIP QUESTIONNAIRE

Please complete the form to the best of your ability and return to our office.

DATE: _____ HOW DID YOU HEAR ABOUT US? _____

Preferred Method of Contact for Correspondence and/or Billing? Email Mail

BASIC INFORMATION ABOUT PROPOSED GUARDIAN

Name: _____
First, Middle Initial, Last

Birth Date: _____ Place of Birth: _____ U.S. Citizen? Yes No

Home address: _____ City: _____ State: _____ Zip: _____

Mailing address (if different than Home): _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Relationship to Proposed Ward: _____

Marital Status: _____ Name of Spouse (if applicable): _____

How long have you lived in the County where the petition will be filed? _____

Have you ever served as a guardian before? Yes No

Have you ever received training as a guardian? Yes No

Have you ever been in the military? Yes No

If yes, please note serial number, dates of service, and type of discharge: _____

Do you supply health care to proposed ward? Yes No

Do you have any physical disabilities? Yes No

If yes, please explain: _____

Have you ever been treated for: (If yes, please list treating physician, address, and location of treatment center)

o Mental Disease: _____

o Alcohol: _____

o Drugs: _____

Have you ever been discharged from employment? Yes o No o

Have you ever been charged with fraud? Yes o No o

Have you ever been charged with perjury? Yes o No o

Have you ever been charged with a felony? Yes o No o

Have you ever been convicted of a crime? Yes o No o

Have you ever been arrested? Yes o No o

If yes, describe and note final disposition: _____

Have you ever been bonded? Yes o No o

If yes describe position, date, amount of bond and name of surety: _____

Have you ever been held in contempt of court? Yes o No o

Have you ever been discharged in a fiduciary capacity? Yes o No o

Have you ever filed for bankruptcy? Yes o No o

Are you providing any professional services to the proposed ward or employed by such a party or entity? Yes o No o

Why should you be appointed as guardian? _____

Please describe all employment history for the past 10 years, including present employer:

	Employer	Position	Address	Dates	Reason for leaving
1					
2					
3					

Please list your educational background, including high school, college, or graduate school:

Name and Address of School	Degree or Level Achieved	Dates Attended

BASIC INFORMATION ABOUT PROPOSED WARD

Proposed Ward’s Full Legal Name: _____

Age of Proposed Ward: _____ Birth Date: _____ Place of Birth: _____

U.S. Citizen? Yes o No o

Present address of Proposed Ward: _____

City: _____ State: _____ Zip: _____

Why is there a need for a guardianship? _____

- What type of guardianship?
- Property and Person
 - Property only (if you are a parent, the select Property only)
 - Person only

Please specify the nature, location, and value of all property of the proposed ward:

Nature/Type	Location	Value

Please specify all sources of income of the proposed ward:

Received from	Amount	Frequency (weekly, monthly)

Please list names and addresses of all the proposed ward's next of kin (i.e. mother, father, siblings, etc.) (identify if under or over 18)

Name and Address	Phone Number	Relationship

Please list the name, address, and phone number of all the proposed ward's physicians.

Name/Type of Doctor	Address	Phone Number

Does the Proposed Ward have any Estate Planning documents?

Durable Power of Attorney: Yes No Date executed: _____

Revocable Trust: Yes No Date executed: _____

Last Will and Testament: Yes No Date executed: _____

Living Will: Yes No Date executed: _____

Health Care Surrogate: Yes No Date executed: _____