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GUARDIANSHIP INFORMATION FORM

Date: _____

This form is extremely important in probating this estate correctly. Your accuracy and completeness will help me to best represent you. Please take time to complete all applicable sections. We cannot begin the guardianship process until we have complete and accurate information from you. Please also list names as they would appear on legal documents. Should you need assistance in completing this form, please call and we will be happy to assist you.

INFORMATION ABOUT THE ALLEGED INCAPACITATED PERSON:

Name: _____

Address (including current mailing address): _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Primary language: _____

Attorney name and address, if any: _____

INFORMATION ABOUT THE NATURE OF THE ALLEGED INCAPACITY:

Describe reasons you believe person lacks capacity to make health care decisions, other personal decisions, and decisions regarding his or her property.

State names and addresses of all people who have information to verify the alleged incapacity.

continued

Name any of the above people who are related to the alleged incapacitated person.

Name, address and phone number of the alleged incapacitated person's primary physician.

ADVANCE DIRECTIVES/WILLS/TRUSTS/FUNERAL ARRANGEMENTS:

Has the alleged incapacitated person ever signed any of the following documents, and if so, where can a copy be obtained?

_____ Health Care Surrogate Designation
Location: _____

_____ Living Will
Location: _____

_____ Durable Power of Attorney for property or health care
Location: _____

_____ Will
Location: _____

_____ Trust
Location: _____

Who is named as the surrogate, agent, or trustee?

Please provide copies of these documents if you have them.

continued

Funeral Arrangements

NEXT OF KIN OR OTHER PEOPLE TO WHOM NOTICE COULD OR SHOULD BE GIVEN:

Name, address, and relationship of all of the following people related to the alleged incapacitated person *by blood or marriage*.

Spouse: _____

Brothers: _____

Sisters: _____

Children (provide ages for each child): _____

Do the above-listed people have information related to the incapacity? If so, state the person's name:

continued

Do the above-listed people object to the appointment of a guardian, or to appointment of the guardian you suggest should be appointed? If so, state the person's name:

Is there anyone else involved in the alleged incapacitated person's life that you believe should receive notice of these proceedings OR who may object to the guardianship?

WHO DO YOU SUGGEST SHOULD BE GUARDIAN FOR THE ALLEGED INCAPACITATED PERSON?

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ E-Mail: _____

Relationship to alleged incapacitated person: _____

Complete guardian application (attached).

Is there any reason that an emergency guardianship may need to be established, which can be done without notice to others or a full hearing?

If so, state each reason you believe this is an emergency situation:

continued

PROPERTY OF THE ALLEGED INCAPACITATED PERSON:

Please provide the best information you have regarding the following potential assets of the alleged incapacitated person:

Home: _____

Value: _____

Anyone else living in home? _____

Anyone else listed as owner of home? _____

Bank Accounts: _____

Amount in each account: _____

Anyone else named on any account? _____

If so, whom? _____

Stocks, bonds or other investments: _____

Amount of shares for each value: _____

Real Estate other than home: _____

Approximate value: _____

City, county, and state where located: _____

Owned with another person? _____

Approximate value: _____

If so, whom: _____

What is the person's monthly income, and list each income source separately (i.e. social security, retirement, pension, annuity payments, rent receipts, etc.)

continued

IS THERE ANY OTHER INFORMATION ABOUT THE PERSON OR THE FAMILY SIUTATION THAT YOU WOULD LIKE TO PROVIDE TO THE COURT?

*Thank you for selecting McGuire, Wood & Bissette, PA for your family's legal needs.
We appreciate your letting us know how you came to select our firm.*

HOW DID YOU SELECT OUR FIRM?

_____ Advertisement

_____ Website

_____ Article

_____ Yellow Book

_____ Yellow Pages

_____ Attorney: Name/Address/Phone:

_____ Other Person: Name/Address/Phone:

_____ Client: Name/Address/Phone:

Notes/Comments: _____
