

GUARDIANSHIP FORM

Intended Guardian Information

Today's Date: ___/___/___

Full Name: _____ Date of Birth: ___/___/___

Address: _____

County of Residence: _____ Since: ___/___/___

Work Phone: _____ Home Phone: _____ Cell Phone: _____
(please indicate choice of contact preference)

E-mail: _____

U.S. Citizen: Yes No If not, citizen of _____

Employer: _____ Since: ___/___/___

If Married, Name of Spouse: _____

Relation to Alleged Disabled: _____

Have you ever been convicted of a felony, a crime of violence, assault in the second degree, a sexual offense in the third or fourth degree or attempted rape or sexual offense in the third or fourth degree? Yes No

Have you ever been convicted of a crime that reflects adversely on an individual's honesty, trustworthiness, or fitness to perform the duties of a guardian of the property of a minor or disabled person, including fraud, extortion, embezzlement, forgery, perjury, and theft? Yes No

Alleged Disabled Information (individual needing Guardian)

Full Name: _____ Date of Birth: ___/___/___

Current Address: _____

Is this a Private Home? Yes No

If not, name/type institution: _____

Home Address (if other than above): _____

County of Residence: _____ Since: ___/___/___

Home Phone: _____ Cell Phone: _____ Work Phone: _____

U.S. Citizen: Yes No If not, citizen of _____

If Married, Name of Spouse: _____

Spouse's Current Address, if Different: _____

Please list those living in the same household as the alleged disabled:

Householder's Name: _____ Relation: _____ DoB: __/__/__

The names and addresses of the persons with whom the alleged disabled person resides or has resided over the past five years and the approximate dates of the alleged disabled person's residence with each person are as follows:

Name	Address	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Diagnosis

Was the alleged disabled ever adjudged by a court or government agency to be disabled? Yes No

If yes, please describe: _____

Please list all conditions with which the alleged disabled individual has been diagnosed by a healthcare professional:

_____ Since: __/__/__

What effects do these conditions have on the alleged disabled's ability to care for himself physically and to make decisions about his/her residence or other non-financial affairs?

What effects do these conditions have on the alleged disabled's ability to manage his/her assets and financial affairs?

Income

Please list all sources of regular or expected income, with brief explanation and approximate monthly amount.

Alleged Disabled: _____

Spouse: _____

Benefits

Is the alleged disabled person a beneficiary of the Veterans Administration such that the guardian expects to receive benefits from that Administration? Yes No

Please list any other government benefits the alleged disabled is currently receiving or has received in the past, with monthly amounts as applicable:

Please list any government benefits for which the alleged disabled intends to apply:

Assets

Please list the name of the institution in which the alleged disabled has any of the following accounts. Please indicate the name of anyone who is a joint holder of each account, the approximate value of each account and any named beneficiary:

Checking Accounts: _____

Savings/Money Market Accounts: _____

Retirement Accounts: _____

Investment or Brokerage accounts: _____

Annuities: _____

Other Accounts: _____

Is alleged disabled the beneficiary of any trust? Yes No

If so, please describe: _____

If the intended guardian has any financial stake in any of these assets, please describe: _____

Real Estate and Business

Description and Address of Property _____

Purchase Date __/__/__ Name(s) on Deed _____

Purchase Price _____ Amount Owed _____ Approx. Value _____

Description and Address of Property _____

Purchase Date __/__/__ Name(s) on Deed _____

Purchase Price _____ Amount Owed _____ Approx. Value _____

Does alleged disabled or spouse have any interest in any business? Yes No

If yes, name of business(es) and description of interest:

Personal Property (Autos, Recreational Vehicles, Artwork, Antiques, Heirlooms, Jewelry, Collections, etc.)

Please list all property, such as vehicles, that have a title to them (with the name of any joint owner in parentheses), as well as any significant valuables:

Liabilities

Please list any significant debts:

Current Legal Documents

Does the alleged disabled currently have a Will? Yes No

Is the alleged disabled currently involved in any legal proceeding? Yes No

If so, please describe: _____

	Date Executed	Individual/s Named
Durable Power of Attorney	_____	_____
Health Directive/Living Will	_____	_____

Does the alleged disabled have Life Insurance with a cash value? Yes No

If yes, describe: _____

Does the alleged disabled have Long Term Care Insurance? Yes No

If yes, name of company: _____

Other considerations relevant to personal or financial needs:

Family Information

Please list all living parents and children of the alleged disabled (or their siblings if none), including addresses:
