

Guardianship Intake Form

Please answer the following questions in order to provide information required to pursue Guardianship. Please let us know if you are unsure of any of your responses.

Today's Date _____

Your name

Your address and phone number

How were you referred to this office?

Name and permanent address of the proposed Ward

Current address of the proposed Ward

Your relationship to the proposed Ward

The proposed Ward's date of birth

The proposed Ward's social security number

Has anyone pursued guardianship or conservatorship of the proposed ward before?

Is the proposed Ward married?

Does the proposed Ward have any children?

Does the proposed Ward have any living parents?

Please list the next of kin of the proposed Ward, including their addresses and their relationship to the proposed Ward

Are any of the next of kin currently in the United States armed service?

Is the proposed Ward currently taking antipsychotic medication?

If not, has the proposed Ward's physician indicated that antipsychotic medication may be prescribed within the next fifteen months?

Are you seeking authority to admit or commit the proposed Ward to a mental health facility?

Please list the name(s) and address(es) of the Petitioners for Guardianship who would sign the Petition itself. (Only one Petitioner is required if he or she is a parent of the proposed Ward; otherwise two Petitioners are required.)

What is/are the relationship(s) between the Petitioner(s) and the proposed Ward?

Name(s) and address(es) of the proposed Guardian(s)?

If the proposed Guardian(s) live out of state, who would be their in-state agent?

Is the proposed Ward entitled to any benefits through the United States Veterans Administration? _____

Does the proposed Ward own any real estate? If so, what is the estimated value of the real estate?

What is the value of the proposed Ward's personal estate (i.e. all assets excluding real estate)?

Is the proposed Ward receiving any public benefits such as Supplemental Security Income, Social Security Disability Income, etc.?

Are you seeking guardianship of the Ward's person only, the Ward's estate only or the Ward's person and estate?

Do you expect the proposed Ward to contest the guardianship?

Is this an emergency requiring pursuit of a temporary guardianship?

What is the name, address and phone number of the proposed Ward's psychiatrist or physician?

When did the proposed Ward last see this physician?

When will the proposed Ward next see this physician?

Does the proposed Ward's psychiatrist or physician support the Guardianship?

If the proposed Ward takes antipsychotic medication or may be prescribed antipsychotic medication in the future, do you expect that the Ward's psychiatrist or physician will remain the same next year?

What types of health insurance, if any, does the proposed Ward have?

Has the proposed Ward executed a Health Care Proxy (living Will) or a Will?

Has the proposed Ward named anyone as future Guardian?

What is the proposed Ward's diagnosis?

Has the proposed Ward ever been psychiatrically hospitalized?
