Guardianship Assistance Program

Client Questionnaire

Section I-Client

Names and contact information of all persons seeking Guardianship:

1. Name:_____ Date of Birth:_____

   Relationship to incapacitated person_____ SS#_____

   Address: _____

   Telephone Numbers: Cell: _____Day: _____

   Evening: _____

   E-mail address: _____

2. Name:_____ Date of Birth_____

   Relationship to incapacitated person_____SS#_____

   Address: _____

   Telephone Numbers: Cell: _____Day: _____

   Evening: _____

   E-mail address: _____

3. Name:_____ Date of Birth_____

   Relationship to incapacitated person_____ SS#_____

   Address: _____

Telephone Numbers: Cell: _____Day: _____

Evening: _____

E-mail address: _____

Referred By:_____

Section II- Information about the person whom you are seeking the Guardianship

1. Name of person for whom you seek Guardianship:

   _____

2. Age _____, DOB _____Male____Female____
3. Social Security Number_____
4. Residence/Address:_____
5. Name and address of School(if applicable)_____
6. Diagnosis_____

Please provide the following information, if applicable, for this person. In most cases, the person for whom you are seeking guardianship does not have certain assets or documents. The court rules require details of assets be set forth in a Guardianship case.

1. Is there a Will? YES/NO

2. Is there a Power of Attorney? YES/NO

3. Are there any assets? If so, please list.(Also list bank accounts)

   _____

4. Are there any debts? Is so, please list.

   _____

5. Is there any income? If so, list the type and monthly amount.

_____

7. Is there a trust set up for this person? If so, has it been funded?

_____

Section III- Information about next of kin

The Guardianship statute requires that all next of kin be given notice of the Guardianship Proceedings. Next of kin is defined as parents and siblings.

Please list the names and addresses of siblings and other parent (if that parent is not seeking guardianship)

1. Name:_____ Age:_____
   Relationship _____
   Address: _____
2. Name:_____ Age:_____
   Relationship _____
   Address: _____
3. Name:_____ Age:_____
   Relationship _____
   Address: _____

Section IV-Physician

The Guardianship statute requires that all Guardianship Complaints be filed with the certifications of 2 physicians attached.

1. **Both physicians must be a medical doctor. Otherwise one of the certifications may be completed by a licensed psychologist. The Court will not allow a certification from a nurse practitioner or non-licensed psychologist.**

2. **Both physician's evaluations must take place no more than 30 days prior to the filing of the Complaint**

a. Name, address and fax number of Doctor 1

_____

_____

b. Name, address and fax number of Doctor 2

_____

_____

Client's Representation

I (we) certify that the information we have provided in this Questionnaire is truthful to the best of my/our knowledge.

_____ Date:_____

_____ Date:_____

PLEASE USE THIS PAGE TO WRITE ANY SPECIFIC QUESTIONS FOR THE ATTORNEY:

_____

_____

_____

_____

_____

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