

CLIENT INTAKE FORM
APPOINTMENT OF GUARDIAN OF THE PERSON AND/OR PROPERTY

Please fill out the following as completely as possible and return it to my office prior to your appointment. While some information will not be immediately accessible to you (for example, certain medical and financial information), I recommend that you begin taking steps to obtain it, as all of the information requested will be necessary to complete the Petition filed with the Court.

Preliminary Questions

What event(s) caused you to seek legal counsel? _____

What are your main concerns? _____

Have you discussed these concerns with the person needing a guardian? Y / N

If yes, what happened? _____

Can the person in need of a guardian participate in decision making? Y / N

If yes, to what extent? Give examples. _____

Are family members aware of this situation? Y / N

Are they supportive of you seeking a guardianship? Y / N

Do you anticipate any problems with your siblings / family members? Y / N

Explain: _____

Background Information about the Petitioner

Who is requesting to be appointed Guardian? _____

Where does he or she live? _____

How old is he or she? _____

What is his or her phone number? _____

What is his or her relationship to the alleged disabled person? _____

Has he or she been convicted of any of the following?

A felony	Y / N
A crime of violence	Y / N
Second Degree Assault	Y / N
3 rd or 4 th Degree Sex Offense?	Y / N
Any other crime?	Y / N

If yes, please provide details: _____

Background Information about the Alleged Disabled (The person who needs a guardian)

Full Name: _____

Date of Birth: _____

Married? Y / N Name of Spouse: _____

Location where he or she currently resides: _____

Is this a care facility or a home? _____

If a home, who else resides there? _____

How long has the alleged disabled lived there? _____

Where did he or she live before? (Provide all locations in past five (5) years)

Is the individual able to perform daily living activities without assistance? Y / N

What activities require third-party assistance? _____

Do you know of any other legal proceedings involving the alleged disabled? Y / N

If yes, please explain: _____

Please briefly describe the current care plan (in-home/facility/hours worked, etc.)

Medical Information about the Alleged Disabled

Medicare Y / N Effective Date: _____ A / B

Medicaid Y / N Effective Date: _____

Private Health Insurance: _____

Veteran's Benefits: _____

Who is his or her treating physician? _____

Address: _____

Phone Number: _____

Fax Number: _____

Has there been a diagnosis made as to the individual's condition? Y / N

If yes, what is the diagnosis? _____

Does the individual see any other physicians/specialists/care providers? Y / N

If yes, please provide names, type of treatment provided, and contact information:

What medications does the individual take? (Include name and purpose) _____

Financial Information of Alleged Disabled

INCOME	Amount	Frequency	How Paid?
Wages			
Social Security			
Interest / Dividends			
Retirement			
Rental Property			

ASSET	Description	How Titled?	Value
Real Property			
Checking Account			
Savings Account			
Retirement Pension			
Investment Account			
Vehicle(s)			
Insurance Policy			
Burial Plot			

EXPENSES	Amount	Frequency	Comments
Rent			
Utilities			
Food			
Medications			

DEBTS	Amount	Payments	Comments
Mortgage			
Credit Card			
Medical			

Documents to bring to initial appointment

Names & Address List: Names, Addresses, Phone Numbers of Family Members

Court Pleading & Filings: Copies of all pleading, reports or other documents filed with the Court or drafts that have been prepared, but not yet filed with the Court.

Estate Planning Documents: Wills, Trusts, Powers of Attorney, Advanced Directives, Pre/Post Nuptial Agreements

Deeds to Real Property: Primary residence, rental/investment property, commercial property, vacant land, and agricultural land

Asset List and Estimated Values: Checking Accounts, Savings Account, Certificate of Deposit, Bonds & Stocks, Investment Accounts, Money Market Accounts, Retirement Accounts & Pensions, Mineral Rights, Oil & Gas Rights, Vehicles (Cars, Boats, etc.)

Insurance Policies: Life Insurance, Medical Insurance, Long-Term Care Insurance, Disability Insurance

Statements of Eligibility: Veterans Benefits, Medicaid, Medicare, SSI, SSDI, Private Disability Benefits

Sources of Income and Summary of Expenses

List of Doctors: Names, Addresses, Specialties

Doctor's Letter of Diagnosis (if available)

It is appreciated if you bring copies for us to keep of all the documents you gather, but this is not necessary. However, if we need to spend time making copies during your appointment, it takes away from the time we have to spend with you analyzing the case.