



## GUARDIANSHIP QUESTIONNAIRE

(NOTE: Print all names as you wish them to appear on legal documents)

### 1. WARD

1.1. Full Name: \_\_\_\_\_

1.2. Street Address: \_\_\_\_\_

1.3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1.4. Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

1.5. E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_

1.6. Social Security No: \_\_\_\_\_

1.7. Sex:  Male  Female

1.8. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

1.9. Is the Disabled Person a U.S. citizen?  Yes  No

1.10. Primary Language:  English  Spanish  Other: \_\_\_\_\_

1.11. Does the Ward have a religious preference?  Yes  No

### 2. FIRST PETITIONER

2.1. Full Name: \_\_\_\_\_

2.2. Street Address: \_\_\_\_\_

2.3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2.4. Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2.5. E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_

2.6. Social Security No: \_\_\_\_\_

2.7. Sex:  Male  Female

2.8. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

2.9. Is the Disabled Person a U.S. citizen?  Yes  No

2.10. First Petitioner's Relationship To The Ward: \_\_\_\_\_

2.11. Guardian of the:

<input type="checkbox"/> Person	<input type="checkbox"/> Property	<input type="checkbox"/> Person & Property
<input type="checkbox"/> Co-Person	<input type="checkbox"/> Co-Property	<input type="checkbox"/> Co-Person & Property

3. SECOND PETITIONER

3.1. Full Name: \_\_\_\_\_

3.2. Street Address: \_\_\_\_\_

3.3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3.4. Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3.5. E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_

3.6. Social Security No: \_\_\_\_\_

3.7. Sex:  Male  Female

3.8. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

3.9. Is the Disabled Person a U.S. citizen?  Yes  No

3.10. First Petitioner's Relationship To The Ward: \_\_\_\_\_

3.11. Guardian of the:

<input type="checkbox"/> Person	<input type="checkbox"/> Property	<input type="checkbox"/> Person & Property
<input type="checkbox"/> Co-Person	<input type="checkbox"/> Co-Property	<input type="checkbox"/> Co-Person & Property

Next of Kin & Other Interested Parties- Name, Address, Relationship (& Birth Dates Of Minors): All siblings and children of Ward must be listed in order to be noticed.

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There appears to be an imminent danger, that the physical or mental health or safety of the alleged incapacitated person will be seriously impaired, or that the property of that person is in danger of being wasted, misappropriated or lost unless immediate actions is taken because (Please write facts such as: ward is unable to cook, wash clothes, make decisions about medical needs, pay bills, etc.):

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The names and addresses of all persons, known to the petitioner who have knowledge of such facts through personal observations are (include doctors and caregivers):

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The nature and value of the property (bank accounts, trusts, home value, etc.) subject to guardianship is as follows (Please write what you know, even if value is unknown):

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The alleged incapacitated person is incapable of exercising the following rights (these are the rights the Court will consider taking away from the Ward):

<input type="checkbox"/> To marry	<input type="checkbox"/> To have a driver's license
<input type="checkbox"/> To contract	<input type="checkbox"/> To seek or retain employment

<input type="checkbox"/> To sue and defend lawsuits	<input type="checkbox"/> To consent to medical treatment
<input type="checkbox"/> To determine his or her residence	<input type="checkbox"/> To travel
<input type="checkbox"/> To vote	<input type="checkbox"/> To manage property or to make any gift or disposition of property
<input type="checkbox"/> To personally apply for government benefits	<input type="checkbox"/> To make decisions about his or her social environment or other social aspects of his or her life

The name, address and telephone number of the alleged incapacitated person's attending or family physician is:

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Is there a Health Care Surrogate (Health Care Power of Attorney)?  Yes  No

If yes, who is the designated person (name, address and phone)?

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Who is the back-up person (name, address and phone)?

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Is there a Durable Power of Attorney?  Yes  No

If yes, who is the designated person (name, address and phone)?

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Who is the back-up person (name, address and phone)?

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Is there a will?  Yes  No

Is there a trust?  Yes  No

Who are the trustees of the trust (name, address and phone)?

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Please furnish copies of all documents that you answered yes to above.