



BRATTON
ESTATE & ELDER CARE ATTORNEYS

Guardianship Questionnaire

This form is extremely important. Your accuracy and completeness in responding will help us represent you. Bring this information with you to the appointment.

I. **GENERAL**

Full Name of Proposed Ward _____

(print name as Proposed Ward signed checks)

Address _____

City _____ State _____ Zip _____

Date Domicile Established _____

Place of Confinement or Hospitalization (if different from the address above):

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Date of Confinement or Hospitalization _____

Birth Date _____ Age _____ Social Security No. _____

II. **PROPOSED GUARDIAN(S)**

PROPOSED GUARDIAN

Full Name of Proposed Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. . _____

Birth Date. _____ Social Security No. . _____

Credit Score _____

Relationship to Proposed Ward or Interest in Proceedings: _____

PROPOSED CO-GUARDIAN

Full Name of Proposed Co-Guardian (if applicable) _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. . _____

Birth Date. _____ Social Security No. . _____

Credit Score _____

Relationship to Proposed Ward or Interest in Proceedings: _____

POTENTIAL CONFLICTS

1. Is the Proposed Guardian receiving any compensation from the Proposed Ward for services rendered?

Yes No

If yes, how much is the compensation? \$ _____

2. Does the Proposed Guardian owe any funds to the Proposed Ward?

Yes No

If yes, how much? \$ _____

3. Does the Proposed Ward owe any funds to the Proposed Guardian?

Yes No

If yes, how much? \$ _____

4. Has the Proposed Guardian encountered any of the following problems?

a. Conviction of a crime? (other than a misdemeanor) Yes No

b. Bankruptcy? Yes No

c. Revocation of a professional or occupational license? Yes No

5. Proposed Guardian's Credit Score _____

III. **NAMES, ADDRESSES, AND RELATIONSHIPS OF PERSONS ENTITLED TO NOTICE OF HEARING**

A. **PROPOSED WARD.** Is the Proposed Ward anticipated to remain at the above address for the next six (6) weeks? Yes No

B. **PROPOSED WARD'S SPOUSE**

Married Separated Divorced Deceased

Name of Proposed Ward's Spouse _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. . _____

Birth Date. _____ Social Security No. . _____

C. **PROPOSED WARD'S FATHER**

Name of Proposed Ward's Father (if living) _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. . _____

Birth Date. _____ Social Security No. . _____

D. **PROPOSED WARD'S MOTHER**

Name of Proposed Ward's Mother (if living) _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. . _____

Birth Date. _____ Social Security No. . _____

E. PROPOSED WARD'S CHILDREN

1. Name of Child _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Birth Date _____ Age _____

2. Name of Child _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Birth Date _____ Age _____

3. Name of Child _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Birth Date _____ Age _____

4. Name of Child _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Birth Date _____ Age _____

5. Name of Child _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Birth Date _____ Age _____

F. CLOSEST RELATIVE(S) OF PROPOSED WARD (IF NO PARENTS, SPOUSE, OR CHILDREN)

1. Name of Relative _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Birth Date _____ Age _____

2. Name of Relative _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Birth Date _____ Age _____

3. Name of Relative _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Birth Date _____ Age _____

G. INDIVIDUAL LIVING WITH PROPOSED WARD.

Full Name of Individual Living with Proposed Ward

H. ADMINISTRATOR OF FACILITY IN WHICH PROPOSED WARD IS LIVING (IF APPLICABLE)

Name of Administrator _____

Address _____

City _____ State _____ Zip _____

Business Phone No. _____

I. BUSINESS PARTNER(S) OR ASSOCIATE(S) OF PROPOSED WARD

1. Name of Partner or Associate _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

2. Name of Partner or Associate _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

J. POTENTIAL WITNESSES (INDEPENDENT OF FAMILY MEMBERS)

1. Name of Potential Witness _____
Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____
2. Name of Potential Witness _____
Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____
3. Name of Potential Witness _____
Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____

IV. WHY DOES PROPOSED WARD NEED A GUARDIAN?

- A. Name(s) of medical condition(s):

- B. Examples of mental incapacity:

C. If an emergency temporary guardianship is necessary, what immediate harm will be prevented by such guardianship?

V. **MEDICAL**

A. **PHYSICIAN OF PROPOSED WARD (TWO ARE REQUIRED)**

1. Name of Physician/Psychiatrist (if any) _____

Address _____

City _____ State _____ Zip _____

Business Phone No. _____

Attending or Examining

2. Name of Physician/Psychiatrist (if any) _____

Address _____

City _____ State _____ Zip _____

Business Phone No. _____

Attending or Examining

B. **INSURANCE**

1. Medicare: Medicare Part A Medicare Part B

2. Private Insurance (**Please provide a copy of the policy**)

Name of Private Medical Insurance Company:

Address _____

City _____ State _____ Zip _____

Business Phone No. _____

Policy No. _____

3. Long-Term Health Care Insurance **(Please provide a copy of the policy)**

Name of Long-Term Health Insurance Company

Address _____

City _____ State _____ Zip _____

Business Phone No. _____

Policy No. _____

Home Care or Custodial Care

VI. **SUMMARY OF INCOME AND EXPENSES.** Please list Proposed Ward's estimated income and expenses for this year from the following sources:

Monthly Amounts

<u>Income</u>	<u>Proposed Ward</u>	<u>Proposed Ward's Spouse</u>
Social Security	_____	_____
Interest	_____	_____
Dividends	_____	_____
Pension Benefits	_____	_____
IRA Benefits	_____	_____
Rental Income	_____	_____
Capital Gains (Losses)	_____	_____

Other Taxable Income _____

Other Nontaxable Income _____

(Please provide copies of statements.)

VII. ASSETS AND LIABILITIES

A. ASSETS

1. Real Estate (Please provide copies of all deeds or leases.)

Location and Basis

<u>Owner(s)</u>	<u>Purchase Price Plus Improvements)</u>	<u>Estimated Value</u>	<u>Mortgage Balance</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

<u>Owner(s)</u>	<u>Leases</u>	<u>Annual Rent</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Stocks and Bonds (Please provide copies of statement or certificates.)

a. Held by Ward

_____ \$ _____

_____ \$ _____

_____ \$ _____

b. Held by Spouse

_____ \$ _____

_____ \$ _____

_____ \$ _____

c. Held in Joint Names

_____ \$ _____

_____ \$ _____

_____ \$ _____

3. Partnership or Closely Held Corporate Interests (**Please provide partnership agreement, shareholder's agreements, and copies of stock certificates.**)

<u>Owner(s)</u>	<u>Business</u>	<u>Percentage of Interest</u>	<u>Value of Interest</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Cash, Mortgage, and Notes (**Please provide copies of bank statements, mortgages, and notes receivable.**)

a. Cash _____ \$ _____

b. Checking Accounts [Name(s) on Account(s) and Name(s) of Bank(s)]

<u>Owner(s)</u>	<u>Bank</u>	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

c. Savings Accounts [Name(s) on Account(s) and Name(s) of Bank(s)]

<u>Owner(s)</u>	<u>Bank</u>	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

d. Mortgages Receivable

<u>Owner(s)</u>	<u>Mortgagee(s)</u>	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

e. Notes Receivable [Name(s) of Holder(s)]

<u>Owner(s)</u>	<u>Debtor(s)</u>	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

5. Life Insurance **(Please provide copies of all policies.)**

<u>Owner(s)</u>	<u>Company</u>	<u>Amount</u>	<u>Loan</u>	<u>Beneficiary</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

6. Tangible Personal Property \$ _____

7. Household Furnishing, Jewelry, Collections

a. Ward \$ _____

b. Ward's Spouse \$ _____

c. Other Tangible Personal Property (e.g., Boats)

<u>Owner(s)</u>	<u>Property</u>	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

d. Automobiles **(Please provide a copy of each registration.)**

<u>Owner(s)</u>	<u>Automobile</u>	<u>Current Value</u>	<u>Payoff Amount</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

_____ \$ _____ \$ _____

e. Safe Deposit Boxes Yes No

<u>Name and Location of Box</u>	<u>Contents</u>	<u>Estimated Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

f. Collections included in any category above (e.g., jewelry, antiques, art)

<u>Location and Owner(s)</u>	<u>Estimated Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

8. Retirement Benefits--Proposed Ward (**Please provide copies of statements.**)

a. Pension Beneficiary

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

b. Profit Sharing

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

c. IRA Accounts

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

VIII. **CURRENT ESTATE PLANNING**

A. Has the Proposed Ward executed any of the following estate planning documents:

1. Will Yes No
2. Living Trust Yes No
3. Living Will or Health Care Power of Attorney Yes No
4. Power of Attorney Yes No
5. Other: _____ Yes No

B. Please provide copies of any of the above-mentioned documents that exist.

Name: _____

Date: _____

Phone No.: _____