



**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?

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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:

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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 <input type="checkbox"/> No <input type="checkbox"/> |
| 2. | Living Trust                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. | Living Will or Health Care Power of Attorney | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. | Power of Attorney                            | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. | Other: _____                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone No.: \_\_\_\_\_