



FERNANDEZ
ELDER LAW LLC

7730 Carondelet Avenue, Suite 200
Clayton, Missouri 63105
www.fernandezelderlaw.com

314.328.0700 | phone
314.725.1075 | fax

Date: _____

**GUARDIANSHIP/CONSERVATORSHIP QUESTIONNAIRE
CONFIDENTIAL INFORMATION**

Instructions | Please print clearly

Please complete this form to the best of your ability so that we may provide the most informative consultation. Print additional pages if needed. This information is confidential.

If someone other than the person seeking services is completing this form, please provide:

Name: _____

Relationship to the person needing services: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____



FERNANDEZ
ELDER LAW LLC

**GUARDIANSHIP/CONSERVATORSHIP
QUESTIONNAIRE
CONFIDENTIAL INFORMATION**

INFORMATION
ABOUT THE
PERSON
NEEDING
SERVICES

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____ Marital Status: _____

Employer: _____ Retirement Date: _____

Employer Address: _____

City, State, Zip: _____

Has the person ever been hospitalized for psychiatric reasons? Yes No

If yes, please provide date and location: _____

Is the person under the treatment of a psychiatrist? Yes No

If yes, please provide the doctor's name, address and phone number: _____

Is there a Social Worker at the facility with whom you have been working? Yes No

If yes, please provide a name and phone number: _____



FERNANDEZ
ELDER LAW LLC

**GUARDIANSHIP/CONSERVATORSHIP
QUESTIONNAIRE
CONFIDENTIAL INFORMATION**

**FAMILY
INFORMATION**

Spouse

If deceased, only
name and date of
death are needed

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

Date of death: (if applicable): _____ Date of divorce (if applicable): _____

Employer: _____

Parents

If deceased, only
name and date of
death are needed

Mother's Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

If deceased, date of death: _____

Father's Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

If deceased, date of death: _____



FERNANDEZ
ELDER LAW LLC

**GUARDIANSHIP/CONSERVATORSHIP
QUESTIONNAIRE
CONFIDENTIAL INFORMATION**

**FAMILY
INFORMATION**

Siblings

If deceased, only
name and date of
death are needed

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

If deceased, date of death: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

If deceased, date of death: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

If deceased, date of death: _____



FERNANDEZ
ELDER LAW LLC

**GUARDIANSHIP/CONSERVATORSHIP
QUESTIONNAIRE
CONFIDENTIAL INFORMATION**

**FAMILY
INFORMATION**

Children

If deceased, only
name and date of
death are needed

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

Check all that apply: Biological Adopted Foster Married Dependent

Needs Special Care If so, please explain: _____

If deceased, date of death: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

Check all that apply: Biological Adopted Foster Married Dependent

Needs Special Care If so, please explain: _____

If deceased, date of death: _____



FERNANDEZ
ELDER LAW LLC

**GUARDIANSHIP/CONSERVATORSHIP
QUESTIONNAIRE
CONFIDENTIAL INFORMATION**

**FAMILY
INFORMATION**

Children

If deceased, only
name and date of
death are needed

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

Check all that apply: Biological Adopted Foster Married Dependent

Needs Special Care If so, please explain: _____

If deceased, date of death: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ SS #: _____

Check all that apply: Biological Adopted Foster Married Dependent

Needs Special Care If so, please explain: _____

If deceased, date of death: _____



FERNANDEZ
ELDER LAW LLC

**GUARDIANSHIP/CONSERVATORSHIP
QUESTIONNAIRE
CONFIDENTIAL INFORMATION**

**FAMILY
INFORMATION**

Is anyone, other than the person's spouse, dependent upon him/her for support? If so, please provide the name(s) and some general information regarding the reason for, and extent of support needed (i.e., mental and/or physical disability):

REAL ESTATE

Address: _____

Name(s) on Deed: _____

Date of Purchase: _____ Purchase Price: \$ _____

Mortgage Balance: \$ _____ Market Value: \$ _____

Address: _____

Name(s) on Deed: _____

Date of Purchase: _____ Purchase Price: \$ _____

Mortgage Balance: \$ _____ Market Value: \$ _____

VEHICLES

Make/Year: _____

Name(s) on Title: _____

Loan Balance: \$ _____ Market Value: \$ _____

Make/Year: _____

Name(s) on title: _____

Loan Balance: \$ _____ Market Value: \$ _____



FERNANDEZ
ELDER LAW LLC

**GUARDIANSHIP/CONSERVATORSHIP
QUESTIONNAIRE
CONFIDENTIAL INFORMATION**

**ACCOUNTS &
INVESTMENTS**

**Savings
Account(s)**

Bank: _____ Account #: _____

Name(s) on Account: _____

Average Balance: \$ _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Average Balance: \$ _____

**Checking
Account(s)**

Bank: _____ Account #: _____

Name(s) on Account: _____

Average Balance: \$ _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Average Balance: \$ _____

**Bank Certificate
of Deposit**

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: \$ _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: \$ _____



FERNANDEZ
ELDER LAW LLC

**GUARDIANSHIP/CONSERVATORSHIP
QUESTIONNAIRE
CONFIDENTIAL INFORMATION**

**ACCOUNTS &
INVESTMENTS**

Mutual Funds

Name of Fund: _____ Account #: _____

Name(s) on Account: _____

Value: \$ _____

Name of Fund: _____ Account #: _____

Name(s) on Account: _____

Value: \$ _____

Name of Fund: _____ Account #: _____

Name(s) on Account: _____

Value: \$ _____

Stocks & Bonds

Name of Brokerage Co.: _____ Certif #: _____

Purchase Date: _____ # of Shares: _____ Value: \$ _____

Name of Brokerage Co.: _____ Certif #: _____

Purchase Date: _____ # of Shares: _____ Value: \$ _____

Name of Brokerage Co.: _____ Certif #: _____

Purchase Date: _____ # of Shares: _____ Value: \$ _____

Name of Brokerage Co.: _____ Certif #: _____

Purchase Date: _____ # of Shares: _____ Value: \$ _____

Name of Brokerage Co.: _____ Certif #: _____

Purchase Date: _____ # of Shares: _____ Value: \$ _____

Name of Brokerage Co.: _____ Certif #: _____

Purchase Date: _____ # of Shares: _____ Value: \$ _____



FERNANDEZ
ELDER LAW LLC

**GUARDIANSHIP/CONSERVATORSHIP
QUESTIONNAIRE
CONFIDENTIAL INFORMATION**

**ACCOUNTS &
INVESTMENTS**

IRAs, Keoughs,
401(k) Plans,
Annuities, etc.

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: \$ _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: \$ _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: \$ _____

**PREPAID
FUNERAL**

Plot Location: _____ Value: \$ _____

Headstone Location: _____ Value: \$ _____

**OTHER
ASSETS**

Description: _____ Value: \$ _____

Description: _____ Value: \$ _____

Is the Party the beneficiary of any Trust? Yes No

If yes, please attach a photocopy of a signed version, if available or provide any details you can regarding the terms and conditions, identity of the current trustee, amount of principal, etc.



FERNANDEZ
ELDER LAW LLC

**GUARDIANSHIP/CONSERVATORSHIP
QUESTIONNAIRE
CONFIDENTIAL INFORMATION**

INSURANCE

Life

Company: _____ Policy #: _____ Whole Term

Policy Owner: _____ Insured: _____

Beneficiary: _____ Contingent Beneficiary: _____

Face Value: \$ _____ Cash Surrender Value: \$ _____

Supplemental
Include
Long-Term
Care Policies

Company: _____ Policy #: _____

Policy Owner: _____ Beneficiary: _____

Value: \$ _____ Duration: _____

**MONTHLY
INCOME**

Please provide information if the person, person's parents, person's spouse, or person's children are receiving the following. If other family member(s) in the household receive any benefits, provide the name of the recipient.

Employment: _____ \$ _____/month

Social Security Retirement: _____ \$ _____/month

Social Security Disability: _____ \$ _____/month

Supplemental Security Income: _____ \$ _____/month

Veteran's Benefits: _____ \$ _____/month

Private Pension: _____ \$ _____/month

Annuity: _____ \$ _____/month

Other Income: _____ \$ _____/month

Does any family member(s) currently live in the home? Yes No

If so, does the person provide financial support to that family member(s)? Yes No



FERNANDEZ
ELDER LAW LLC

**GUARDIANSHIP/CONSERVATORSHIP
QUESTIONNAIRE
CONFIDENTIAL INFORMATION**

**MONTHLY
EXPENSES**

Rent: _____	\$ _____ /month
Mortgage: _____	\$ _____ /month
Real estate taxes: _____	\$ _____ /month
Homeowners/renters insurance: _____	\$ _____ /month
Utilities (water, sewer, gas, telephone, and trash): _____	\$ _____ /month
Other household expenses: _____	\$ _____ /month
Debts (other than housing or vehicles): _____	\$ _____ /month
_____	\$ _____ /month
_____	\$ _____ /month
Medical insurance: _____	\$ _____ /month
Prescription medications: _____	\$ _____ /month
Other medical expenses: _____	\$ _____ /month
Miscellaneous Expenses: _____	\$ _____ /month
Miscellaneous Expenses: _____	\$ _____ /month
Miscellaneous Expenses: _____	\$ _____ /month