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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.

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

Name: _____

Relationship to the person needing guardianship: _____

Address: _____

City, State, Zip: _____

Email: _____

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

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: _____

INFORMATION ABOUT THE PERSON NEEDING SERVICES

Please provide the 3 most recent previous addresses for the persons needing guardianship services, only as far as 3 years prior to the date of completing this form.

Name: _____

Address: _____

City, State, Zip: _____

Name: _____

Address: _____

City, State, Zip: _____

Name: _____

Address: _____

City, State, Zip: _____

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 #: _____

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: _____

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: ______________________________

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: _____

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: _____

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: $ _____

Beneficiary Deed: _____

Address: _____

Name(s) on Deed: _____

Date of Purchase: _____ Purchase Price: $ _____

Mortgage Balance: $ _____ Market Value: $ _____

Beneficiary Deed: _____

VEHICLES

Make/Year: _____

Name(s) on title: _____

Loan Balance: $ _____ Market Value: $ _____

Transfer on Death: _____

ACCOUNTS & INVESTMENTS

Savings Account(s)

Bank: _____ Account #: _____

Name(s) on Account: _____

Average Balance: $ _____

Payable on Death Beneficiary: _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Average Balance: $ _____

Payable on Death Beneficiary: _____

Checking Account(s)

Bank: _____ Account #: _____

Name(s) on Account: _____

Average Balance: $ _____

Payable on Death Beneficiary: _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Average Balance: $ _____

Payable on Death Beneficiary: _____

ACCOUNTS & INVESTMENTS

Bank Certificate of Deposit

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: $ _____

Payable on Death Beneficiary: _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: $ _____

Payable on Death Beneficiary: _____

Mutual Funds

Name of Fund: _____ Account #: _____

Name(s) on Account: _____

Value: $ _____

Payable on Death Beneficiary: _____

Name of Fund: _____ Account #: _____

Name(s) on Account: _____

Value: $ _____

Payable on Death Beneficiary: _____

Name of Fund: _____ Account #: _____

Name(s) on Account: _____

Value: $ _____

Payable on Death Beneficiary: _____

ACCOUNTS & INVESTMENTS

Stocks & Bonds

Name of Brokerage Co.: _____ Certif #: _____

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

Payable on Death Beneficiary: _____

Name of Brokerage Co.: _____ Certif #: _____

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

Payable on Death Beneficiary: _____

Name of Brokerage Co.: _____ Certif #: _____

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

Payable on Death Beneficiary: _____

Name of Brokerage Co.: _____ Certif #: _____

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

Payable on Death Beneficiary: _____

ACCOUNTS & INVESTMENTS

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

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: $ _____

Payable on Death Beneficiary: _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: $ _____

Payable on Death Beneficiary: _____

Bank: _____ Account #: _____

Name(s) on Account: _____

Value: $ _____

Payable on Death Beneficiary: _____

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.

_____

_____

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 ☐

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