

Person Completing Questionnaire: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This questionnaire will be used by your attorney's office only. Your response to these questions will help to organize your case and will save you on your attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege. Please answer as fully as possible.

## I. GENERAL

Full Name of Proposed Ward: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Domicile Established: \_\_\_\_\_

Veteran: Yes  No  Dates of service: \_\_\_\_\_

Disabled: Yes  No  Receiving SSI: Yes  No  Receiving SSDI: Yes  No

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

Name of Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Confinement or Hospitalization: \_\_\_\_\_

## II. PETITIONER'S INFORMATION

Full Name (Individual asking Court for guardianship): \_\_\_\_\_

Relationship to Ward: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Guardianship sought:**Property  Person  Property & Person  Emergency **III. PROPOSED GUARDIAN(S)****Full Name of Proposed Guardian:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Ward or Interest in Proceedings: \_\_\_\_\_

**Full Name of Proposed Co-Guardian (if applicable):** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Ward or Interest in Proceedings: \_\_\_\_\_

**Potential Conflicts**

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

Yes  No  If yes, how much is the compensation? \$ \_\_\_\_\_

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

Yes  No  If yes, how much? \$ \_\_\_\_\_

3. Does the 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

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

**Ward:** Is it anticipated that the Ward will remain at the above address for the next six (6) weeks? Yes  No

**Ward's Spouse:** Married  Separated  Divorced  Deceased  N/A

Name of Ward's Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Name of Ward's Father (If deceased, please enter name & date of death):** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Name of Ward's Mother (If deceased, please enter name & date of death):** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Ward's Children:** (if no children, please enter none)

**Name of Child:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Name of Child:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Name of Child:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Name of Child:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**CLOSEST RELATIVE(S) OF Ward (if no Parents, Spouse, or Children)**

**Name of Relative & Relation:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Name of Relative & Relation:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Name of Relative & Relation:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**INDIVIDUAL LIVING WITH Ward**

Full Name of Individual Living With Ward: \_\_\_\_\_

**ADMINISTRATOR OF FACILITY IN WHICH Ward IS LIVING (IF APPLICABLE)**

Name of Administrator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**BUSINESS PARTNER(S) OR ASSOCIATE(S) OF Ward**

**Name of Partner or Associate:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Partner or Associate:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**POTENTIAL WITNESSES (INDEPENDENT OF FAMILY MEMBERS)**

**Name of Potential Witness:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Potential Witness: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**V. WHY DOES THE Ward NEED A GUARDIAN?**

Name(s) of medical condition(s): \_\_\_\_\_

Examples of mental behavior or incapacity: \_\_\_\_\_

Reason(s) why guardianship sought: \_\_\_\_\_

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

**VI. MEDICAL**

**PHYSICIAN OF WARD**

Name of Physician/Psychiatrist (if any): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Attending  or Examining

Name of Physician/Psychiatrist (if any): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Attending  or Examining

**Name of Physician/Psychiatrist (if any):** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Attending  or Examining

**INSURANCE**

**Medicare:**

Part A  Part B  Supplement : \_\_\_\_\_ Part C (Advantage) : \_\_\_\_\_ Part D : \_\_\_\_\_

**Medicaid:** Yes  No  Program if less than full Medicaid: \_\_\_\_\_

**Private Insurance:** (Please provide copy of policy)

Name of Private Medical Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Policy No.: \_\_\_\_\_

**Private Insurance:** (Please provide copy of policy)

Name of Private Medical Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Policy No.: \_\_\_\_\_

**Long-Term Health Care Insurance:** (Please provide copy of policy)

Name of Long-Term Health Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Home Care  or Custodial Care

**VII. SUMMARY OF INCOME AND EXPENSES.** Please list Ward’s estimated income and expenses for this year from the following sources: (Please provide copies of recent statements)

<u>Income</u>	<u>Monthly Amounts</u>	
	<u>Ward</u>	<u>Ward’s Spouse</u>
Employment	_____	_____
Social Security	_____	_____
Rail Road Retirement	_____	_____
Interest	_____	_____
Dividends	_____	_____
Pension Benefits	_____	_____
IRA Benefits	_____	_____
Rental Income	_____	_____
VA	_____	_____
Other Taxable Income	_____	_____
Other Nontaxable Income	_____	_____

**VIII. ASSETS AND LIABILITIES**

**ASSETS**

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

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



Owner(s)	Leases	Annual Rent
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Stocks and Bonds** (Please provide copies of statements or certificates.)

**Held by Ward**

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

**Held by Spouse**

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

**Held in Joint Names**

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

**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>% of Interest</u>	<u>Value of Interest</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Cash, Mortgage, and Notes**

(Please provide copies of bank statements, mortgages, and notes receivable.)

**Cash:** \_\_\_\_\_

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

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

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

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

**Mortgages Receivable**

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

**Notes Receivable [Name(s) of Holder(s)]**

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

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

Owner(s)	Company	Amount	Loan	Beneficiary
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

**Tangible Personal Property:**      \$ \_\_\_\_\_

**Household Furnishings, Jewelry, Collections:**

Ward \$ \_\_\_\_\_

Ward's Spouse \$ \_\_\_\_\_

**Other Tangible Personal Property (e.g., Boats):**

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

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

<u>Owner(s)</u>	<u>Year/Make/Model</u>	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Safe Deposit Boxes**      Yes     No

<u>Name &amp; Location of Box</u>	<u>Contents</u>	<u>Estimated Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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

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

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

**Pension Beneficiary**

_____	\$ _____
_____	\$ _____

**Profit Sharing**

\_\_\_\_\_ \$ \_\_\_\_\_

**IRA Accounts**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**IX. CURRENT ESTATE PLANNING**

Has the Ward executed any of the following estate planning documents (Please provide copies of any that exist):

Will Yes  No

Living Trust Yes  No

Living Will Yes  No

Health Care Surrogate (Power of Attorney) Yes  No

Power of Attorney Yes  No

Pre-Need Guardian Yes  No

Other: \_\_\_\_\_ Yes  No

The undersigned hereby represents to The Parri Law Firm, PLLC that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Return to:  
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