

ADULT GUARDIANSHIP

QUESTIONNAIRE

Please fill out the information in this form to the best of your ability. It will help us prepare the guardianship forms for you.

A. INFORMATION ABOUT THE ALLEGED INCAPACITATED PERSON (Ward):

1. Full name _____
2. Age _____
3. Date of birth _____
4. Address _____
5. Primary Spoken Language _____
6. Description of Alleged Incapacity and Reason for Alleged Incapacity _____

B. INFORMATION ABOUT PROPOSED GUARDIAN:

1. Full name _____
2. Age _____
3. Date of birth _____
4. Address _____
- Mailing Address (If different from above) _____
5. Social Security Number _____
6. Date of birth _____
7. Relationship to Ward: _____

C. INFORMATION ABOUT PROPOSED CO-GUARDIAN, if there is to be one:

1. Full name _____
2. Age _____
3. Date of birth _____
4. Address _____
- Mailing Address (If different from above) _____

5. Social Security Number _____

6. Date of birth _____

7. Relationship to Ward: _____

**D. LIST NAMES, ADDRESSES, AND PHONE NUMBERS OF ANY AND ALL OF THE FOLLOWING THE WARD
MAY CURRENTLY HAVE:**

1. Fiduciary _____

2. Trustee _____

3. Appointed health care representative

4. Agent/ Power of Attorney

5. Treating physician

6. Any other care providers

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7. Any others with information that the Ward is incapacitated (provide documentation for the court).

_____	_____
_____	_____
_____	_____

E. Do you proposed to place Ward in a mental health treatment facility? _____

D. Have you ever filed bankruptcy? _____ If so, when? _____ Where? _____

E. Have you ever been convicted of a crime? _____ If so, what was the nature of it? _____

F. Relatives of the Ward. Please list the name and address of the following individual relatives of the Ward:

PARENTS:

MOTHER _____

ADDRESS _____

FATHER _____

ADDRESS _____

SPOUSE:

NAME _____

ADDRESS _____

CHILDREN:

NAME _____

ADDRESS _____

AGE _____

NAME _____

ADDRESS _____

AGE _____

RELATIVES: LIST THE NAMES AND ADDRESSES OF RESPONDENT'S CLOSEST KNOWN RELATIVES OTHER THAN THE ABOVE PARTIES (EX: AUNTS, UNCLES, SIBLINGS)

NAME _____

RELATION _____

ADDRESS _____

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NAME _____
RELATION _____
ADDRESS _____

NAME _____
RELATION _____
ADDRESS _____

NAME _____
RELATION _____
ADDRESS _____

NAME _____
RELATION _____
ADDRESS _____

Reason why guardian is needed:

Physician and Diagnosis: