

**GUARDIANSHIP QUESTIONNAIRE**

This form is extremely important. Your accuracy and completeness in responding will help me represent you. Please bring this completed information packet, including copies of any documents referred to in the questionnaire.

Date: \_\_\_\_\_ File No.: \_\_\_\_\_

Person completing the form: \_\_\_\_\_

**I. GENERAL**

**A. Full Name of Proposed Ward:** \_\_\_\_\_

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

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

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

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

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

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

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

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

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

**II. PROPOSED GUARDIAN(S)**

**A. Full Name of Proposed Guardian:** \_\_\_\_\_

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

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

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

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

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

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

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

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

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

**C. Potential Conflicts of Potential Guardian(s)**

- 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

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

**A. Proposed Ward:** Is it anticipated that the Proposed Ward will remain at the above address for the next six (6) weeks?       Yes       No  
If no, anticipated change in address: \_\_\_\_\_

**B. Proposed Ward's Spouse:**  
 Married       Separated       Divorced       Deceased       Not Married

1. Name of Proposed Ward's Spouse: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**C. Proposed Ward's Father:**  
1. Name of Proposed Ward's Father (if living): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**D. Proposed Ward's Mother:**  
1. Name of Proposed Ward's Mother (if living) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ 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: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

2. Name of Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

3. Name of Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

4. Name of Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**F. Closest Relatives 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: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

2. Name of Relative: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**G. INDIVIDUAL LIVING WITH PROPOSED WARD:**

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

**H. POTENTIAL WITNESSES (Independent of family members):**

1. Name of Potential Witness: \_\_\_\_\_

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

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

Home Phone No.: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_

2. Name of Potential Witness: \_\_\_\_\_

Street 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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D. Miscellaneous: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. MEDICAL**

**A. PHYSICIAN/PSYCHIATRIST:**

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

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

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

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

Attending

Examining

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

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

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

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

Attending

Examining

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

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

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

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

Attending

Examining

**B. INSURANCE:**

1. Medicare:       Medicare Part A                       Medicare Part B                       Medicare Part D  
                          Medicare Supplemental               Medicare Advantage

2. Private Insurance: (Please provide copy of policy)

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

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

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

Business Phone No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

3. Private Insurance: (Please provide copy of policy)

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

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

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

Business Phone No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

4. Long-Term Health Care Insurance (Please provide copy of policy)

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

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

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

Business Phone No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Daily Benefits: \_\_\_\_\_ Elimination Period: \_\_\_\_\_

**VI. SUMMARY OF INCOME AND EXPENSES**

*\*Please list Proposed Ward’s estimated income and expenses for this year from the following sources:*

**MONTHLY AMOUNTS**

<b>Income</b>	<b>Proposed Ward</b>	<b>Ward’s Spouse (if any)</b>
Social Security	_____	_____
Interest	_____	_____
Dividends	_____	_____
Pension Benefits	_____	_____
IRA Distribution	_____	_____
Rental Income	_____	_____
Capital Gains (Losses)	_____	_____
Other Income	_____	_____

**(Please provide copies of recent statements.)**

**VII. CURRENT ESTATE PLANNING**

**A. Has the Proposed Ward executed any of the following estate planning documents:**

- |   |                           |                          |
|---|---------------------------|--------------------------|
| 1. Will   | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. Living Trust                                 | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Living Will or Health Care Power of Attorney | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. Power of Attorney                            | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. Other  | <input type="radio"/> Yes | <input type="radio"/> No |

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

**VIII. CERTIFICATION**

The undersigned hereby represents to Everist Tillman PLLC that the information contained in this questionnaire (including the attached schedules) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Everist Tillman PLLC may not be appropriate.

\_\_\_\_\_  
*Signature of Client or Client Representative*

\_\_\_\_\_  
*Date*

**SCHEDULE 1: ASSETS AND RESOURCES**

**A. REAL ESTATE**

(Please provide copies of deeds and most recent tax bills)

Description (Location)	Cost (Basis)	Market Value	Mortgage Bal.	How Title Held
123 Know Way <i>(Sample)</i>	\$ xxx,xxx.xx	\$ xxx,xxx.xx	\$ xx,xxx.xx	Joint tenant
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	\$ _____	_____

**B. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)**

(Please provide copies of most recent statements)

Name of Bank/Branch	Account No.	Type of Account	Balance/Value	How Title Held
Big Bank/Main St. <i>(Sample)</i>	xxx-xxxx	Savings	\$ xx,xxx.xx	Jointly w/ son
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

**C. SECURITIES (Bonds, Marketable Securities, etc.)**

(Please provide copies of most recent statements)

Name of Company	Type of Sec.	# Shares/Face Val.	Cost	Current Val.	How Title Held
Acme Corp. <i>(Sample)</i>	Common <i>(or Preferred)</i>	xx Shares	\$ x,xxx.xx	\$ x,xxx.xx	Sole owner
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____

**D. RETIREMENT ACCOUNTS (IRAs, Annuities, Keoghs, etc.)**

(Please provide copies of most recent statements and beneficiary designations)

<b>Name of Institution</b>	<b>Account No.</b>	<b>Owner</b>	<b>Beneficiary</b>	<b>Date Est.</b>	<b>Current Value</b>
Big Broker <i>(Sample)</i>	xxx-xxxx	Client	Spouse	Jan, 1970	\$ xx,xxx.xx
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

**E. LIFE INSURANCE (Whole Life, Term, Endowment, etc.)**

(Please provide copies of most recent statements and beneficiary designations)

<b>Name of Institution</b>	<b>Account No.</b>	<b>Owner</b>	<b>Beneficiary</b>	<b>Date Est.</b>	<b>Current Value</b>
Apple Ins. Co. <i>(Sample)</i>	xxx-xxxx	Client	Son/Daughter	Jan, 1970	\$ xx,xxx.xx
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

**F. PERSONAL PROPERTY**

	<b>Market Value and Item</b>	<b>How Title Held</b>
Home Furnishings:	\$ _____	_____
Cars, RVs, Boats, etc.:	\$ _____	_____
Cars, RVs, Boats, etc.:	\$ _____	_____
Cars, RVs, Boats, etc.:	\$ _____	_____
Jewelry , Furs, etc.:	\$ _____	_____
Other :	\$ _____	_____
Other :	\$ _____	_____

**G. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES**

Briefly describe or give the name of any Trust in which the proposed ward has an interest, or the person who is the source of the inheritance and what the proposed ward may receive. Please provide a copy of the Will or Trust which creates the interest, if available. If not, please advise if and how we may obtain a copy.

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**H. BUSINESS INTERESTS**

If the proposed ward has an ownership in any business (whether sole proprietorship, corporation or partnership), please provide additional information regarding the nature of the interest and value of the business interest. If there are business documents (such as Buy-Sell Agreements, Stock Certificates, etc.), please provide copies.

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**I. MISCELLANEOUS**

If the proposed ward has any property interests not described above, please explain the nature of the interests and the estimated value of each.

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