

**GUARDIANSHIP/ADVOCATE FOR ADULTS**

Please complete the following questions concerning yourself as specifically as possible.

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**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_  
First Last M. I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

If Divorced, Full Name of Spouse: \_\_\_\_\_

**EDUCATION**

**High school:**

School: \_\_\_\_\_

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

Highest Grade Completed: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

**College:**

Name: \_\_\_\_\_

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

Degree Received: \_\_\_\_\_ Date Received: \_\_\_\_\_

Other Schooling: \_\_\_\_\_

US Citizenship? \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**BACKGROUND INFORMATION**

1. State your employer (includes address and phone number):

Current: \_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Can this office contact you at work?  YES  NO

2. Are you currently a guardian for any other person?  YES  NO

If yes, answer the following:

Name of Person: \_\_\_\_\_ Age of Person: \_\_\_\_\_

Date Appointed  
Guardian: \_\_\_\_\_

Case #: \_\_\_\_\_ County and State of the Order: \_\_\_\_\_

**YOU WILL NEED TO PROVIDE US WITH A COPY OF THE ORDER APPOINTING YOU AS GUARDIAN.**

3. Do you have any physical disabilities?  YES  NO

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been treated for the following?

- a. Mental condition?                     **YES**    **NO**
- b. Alcohol?                                 **YES**    **NO**
- c. Drugs?                                   **YES**    **NO**
- d. Other condition                         **YES**    **NO** (If Yes, describe below)

Nature of Condition: \_\_\_\_\_  
Treatment Physician Location/Time: \_\_\_\_\_

5. Have you ever been charged with fraud, misrepresentation, or perjury in a judicial or administrative proceeding?  
 **YES**    **NO**

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been charged with or arrested for or convicted of a felony?    **YES**    **NO**

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

7. Have you ever been charged with, arrested for, or convicted of any other crime?    **YES**    **NO**

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

8. Have you ever held a position which required bonding?    **YES**    **NO**

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

9. If you are not a Guardian of a person now, have you ever been a Guardian of a person or of a person's property?  
 **YES**    **NO**

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

10. Have you ever been held in contempt of court or removed as guardian?    **YES**    **NO**

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

11. Have you ever filed bankruptcy?  **YES**  **NO**

If yes, give details: \_\_\_\_\_

*Note: For the following questions, "Ward" means the person you believe needs a guardian.*

12. At the present time, is your business, corporation or other business entity, providing professional, personal, or business services to the Ward?  **YES**  **NO**

If yes, give details: \_\_\_\_\_

13. At the present time, are you employed by a business, corporation, or other business entity which is providing professional, personal, or business services to the Ward?  **YES**  **NO**

If yes, give details: \_\_\_\_\_

14. Are you a health care provider for the Ward?  **YES**  **NO**

If yes, give details: \_\_\_\_\_

15. Have you ever been discharged from employment?  **YES**  **NO**

If yes, give details: \_\_\_\_\_

16. Have you ever been a member of the armed forces of the United States?  **YES**  **NO**

If yes, give details: \_\_\_\_\_

17. Do you possess any special educational qualifications (financial, business, or otherwise) that uniquely qualify you to be appointed as guardian?  **YES**  **NO**

If yes, give details: \_\_\_\_\_

18. Have you ever received instruction and training which covered the legal duties and responsibilities of a guardian, the availability of local resources to aid a ward, the preparation of habilitation plans and annual guardianship reports, including financial accounting for the ward's property?  **YES**  **NO**

If yes, give details of training: \_\_\_\_\_  
\_\_\_\_\_

19. Please give the **names, addresses and telephone numbers** of **three (3)** responsible persons who have been closely associated with you and who have known you for five (5) years or more, not including relatives or your spouse:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief.

**Signature:** \_\_\_\_\_

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

Please complete this page stating all employers' names, addresses, date of employment and reason for leaving said employment for any companies or persons you worked for during the past **10 years**.

| <b>EMPLOYMENT INFORMATION</b> |                                 |                 |                           |
|-------------------------------|---------------------------------|-----------------|---------------------------|
| <b>Date of Employment</b>     | <b>Name/Address of Employer</b> | <b>Position</b> | <b>Reason for Leaving</b> |
|                               |                                 |                 |                           |
|                               |                                 |                 |                           |
|                               |                                 |                 |                           |
|                               |                                 |                 |                           |

**PLEASE COMPLETE THE FOLLOWING INFORMATION CONCERNING THE PERSON YOU BELIEVE NEEDS A GUARDIAN.** (The person will be referred to as "Ward" in the following questions).

1. Ward's Name: \_\_\_\_\_

2. Birth Date: \_\_\_\_\_ 3. Social Security Number: \_\_\_\_\_

4. Ward's Address: \_\_\_\_\_

5. County Residing: \_\_\_\_\_

6. If the Ward is currently in a hospital or other location other than their normal residence, please state where the Ward is:

Location: \_\_\_\_\_

7. Ward's PO Box: \_\_\_\_\_

8. Relation to Ward: \_\_\_\_\_ 9. Ward's Primary Language: \_\_\_\_\_

10. Ward's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

When Ward visits the doctor:

How often: \_\_\_\_\_

11. Any other doctor, psychiatrist, psychologist, the Ward sees:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Type of Doctor: \_\_\_\_\_

When Ward visits the doctor:

How often: \_\_\_\_\_

12. Name of any physical therapist, other professional person, or facility the Ward sees or attends on a regular basis.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Services: \_\_\_\_\_

Frequency of Visits: \_\_\_\_\_

13. List the **name, address and relationship** of all other adult relatives to the Ward (adult being over the age of 18)

1. \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_

3. \_\_\_\_\_  
 \_\_\_\_\_

4. \_\_\_\_\_  
 \_\_\_\_\_

14. Why is Guardianship needed? (Please be specific concerning Ward's capacity/illness, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Does the person lack the capacity to make decisions in the following areas:

- | <b>Yes</b>               | <b>No</b>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | To marry   |
| <input type="checkbox"/> | <input type="checkbox"/> | To vote  |
| <input type="checkbox"/> | <input type="checkbox"/> | To contract  |
| <input type="checkbox"/> | <input type="checkbox"/> | To travel  |
| <input type="checkbox"/> | <input type="checkbox"/> | To seek or retain employment   |
| <input type="checkbox"/> | <input type="checkbox"/> | To have a driver's license   |
| <input type="checkbox"/> | <input type="checkbox"/> | To determine his or her residence  |
| <input type="checkbox"/> | <input type="checkbox"/> | To apply for government benefits   |
| <input type="checkbox"/> | <input type="checkbox"/> | To consent to medical, dental, surgical care or mental health treatment  |
| <input type="checkbox"/> | <input type="checkbox"/> | To make decisions about the social environment or other social aspects of the person with a developmental disability's life including decisions concerning education |



16. List the name, address, and telephone numbers of people known to you that have knowledge of the Ward's incapacity and/or illness, through personal observation, including but not limited to friends, relatives, doctors or other health providers:

1.

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3.

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4.

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17. Please list all income received by the Ward. Please state how often the income is received:

Employment:

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Social Security:

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Social Security  
Disability:

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Pension:

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Unemployment:

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Worker's  
Compensation:

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Other Income:

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18. Give description and **value** of Ward's property as listed below. **Include name of bank, account number, balance of account, etc.**

Checking Account: \_\_\_\_\_

Savings Account: \_\_\_\_\_

Stocks: \_\_\_\_\_

Bonds: \_\_\_\_\_

19. Provide total value of any clothing and list any personal items such as furniture, radios, CD players, etc., and the value of each. Please be specific.

Clothing: \_\_\_\_\_

Furniture: \_\_\_\_\_

Other Items: \_\_\_\_\_

20. Are there any liens or encumbrances against any of the personal property listed above?  **YES**  **NO**

If yes, state how much and who holds lien: \_\_\_\_\_

21. Please provide the following information concerning any real property owned by the Ward, individually or with someone else.

**Home:**

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

Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

***Other land or property:***

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

Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_

22. What type of health insurance, accident insurance or other insurance is available for the Ward?

Insurance: \_\_\_\_\_

23. Is a Habilitation Plan prepared on an annual basis?  YES  NO

24. Does anyone have the right to sue the Ward?  YES  NO

If so, state the name and address of any potential claimant, basis for claim and estimated amount of claim:

Name of Claimant: \_\_\_\_\_

25. Does the Ward have the right to sue anyone at the current time?  YES  NO

If yes, give details: \_\_\_\_\_

26. If applicable, please state the name of the Wards' Mother and Father, their address and phone number and whether or not they will consent to you being appointed as the Guardian.

Mother's Contact Information: \_\_\_\_\_

Will she consent to the Guardianship?  YES  NO

Father's Contact Information: \_\_\_\_\_

Will he consent to the Guardianship?  YES  NO

**INITIAL GUARDIAN ADVOCACY PLAN WORKSHEET**

**(Please answer the questions concerning the person you believe needs a guardian)**

A. List the Medical, mental or personal care services to be provided for the person with developmental disabilities: \_\_\_\_\_

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B. List the Social and personal services to be provided for the best welfare of the person with developmental disabilities: \_\_\_\_\_

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C. What place and kind of residential setting is best suited for the needs of the person with developmental disabilities: \_\_\_\_\_

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D. Description of health and accident insurance and any other private or governmental benefits to which the person with developmental disabilities may be entitled to meet

any part of the cost of medical, mental health or related services provided to the person with

developmental disabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Physical and mental examinations necessary to determine the person with developmental disabilities medical and mental health treatment needs, including names of those who will provide examinations and approximate dates for examinations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_