

GUARDIANSHIP/ADVOCATE FOR ADULTS

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

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. _____

Will you receive any money or payment or other benefit directly or indirectly, in cash or in kind, to server as guardian in this case? **YES** **NO**

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**.

EMPLOYMENT INFORMATION			
Date of Employment	Name/Address of Employer	Position	Reason for Leaving

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:

Yes **No**

- To marry
- To vote
- To contract
- To travel
- To seek or retain employment (only for Guardian Advocate)
- To have a driver's license
- To determine his or her residence (only for Guardian Advocate)
- To apply for government benefits (only for Guardian Advocate)
- To consent to medical, dental, surgical care or mental health treatment (only for Guardian Advocate)
- To make decisions about the social environment or other social aspects of the person with a developmental disability's life including decisions concerning education (only Guardian Advocate)

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. _____

- 2. _____

- 3. _____

- 4. _____

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

Employment: _____

Social Security: _____

Social Security Disability: _____

Pension: _____

Unemployment: _____

Worker's Compensation: _____

Other Income: _____

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

27. Does Ward have capacity to sign a Power of attorney and Health Care Surrogate to avoid having to do a guardianship? YES NO

28. Does Ward already have completed a Power of Attorney or Health Care Surrogate? YES NO

29. Has a guardianship been previously established for the ward? YES NO

30. Have there ever been any preexisting orders not to resuscitate involving the ward? 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: _____

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

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

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: _____

F. List of any preexisting orders not to resuscitate or preexisting advanced directives, the date an order or directive was signed, whether such order or directive has been suspended by the court, and a description of the steps taken to identify and locate the preexisting order not to resuscitate or advanced directive: _____

