

**INTAKE FOR CONSERVATORSHIP AND GUARDIANSHIP**

**PERSONAL INFORMATION OF SUBJECT PERSON**

Name \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

Current Placement/Care Facility \_\_\_\_\_

Date Admitted to Care Facility \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Married?  Yes  No Name of Spouse \_\_\_\_\_

**BACKGROUND**

What event(s) have caused you to seek legal counsel?

Have you discussed your concerns with the person in need of protection?  Yes  No

Explain:

Can the person in need of protection participate in decision making?  Yes  No

If yes, to what extent? Examples.

What are your main concerns?

**ESTATE PLANNING DOCUMENTS**

Is there a Will?  Yes  No      If yes, when was it executed? \_\_\_\_\_

Is there a GDPOA?  Yes  No      If yes, who is the agent? \_\_\_\_\_

Is there a MPOA?  Yes  No      If yes, who is the agent? \_\_\_\_\_

If there is no MPOA, have other advance directives been done?  Yes  No

Copies of documents provided by client?  Yes  No

**MEDICAL INFORMATION**

Treating Physician \_\_\_\_\_

Address \_\_\_\_\_

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

What is the prognosis/diagnosis? \_\_\_\_\_

\_\_\_\_\_

Medications? \_\_\_\_\_

Other Physicians/Care Providers? \_\_\_\_\_

\_\_\_\_\_

Documents/Evaluation available?  Yes  No

**PERSON PETITIONING FOR APPOINTMENT**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone #2 \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone #2 \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**FAMILY MEMBERS/INTERESTED PERSONS**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone #2 \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone #2 \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone #2 \_\_\_\_\_

4) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone #2 \_\_\_\_\_

Are siblings/family members aware of this situation?  Yes  No

Are they supportive of you seeking a guardianship/conservatorship?  Yes  No

Do you anticipate any problems with your siblings?  Yes  No

Explain:

**FINANCIAL STATUS**

Medicare  Yes  No

Effective Date \_\_\_\_\_  A  B

Medicaid  Yes  No

Effective Date \_\_\_\_\_

Private Health Insurance \_\_\_\_\_

Veteran's Benefits \_\_\_\_\_

<b>INCOME</b>	<b>AMOUNT</b>	<b>FREQUENCY</b>	<b>METHOD OF PAYMENT</b>
Wages			
Social Security			
Interest / Dividends			
Retirement			
Royalties			
Rents			
Other			

<b>ASSET</b>	<b>DESCRIPTION</b>	<b>TITLED</b>	<b>VALUE</b>
Real Property			
Checking			
Savings			
Retirement Pensions			
Retirement Pensions			
Investment Accounts			
Investment Accounts			
Investment Accounts			
Cars			
Insurance Policy			
Burial Insurance / Burial Plot			

<b>EXPENSES</b>	<b>AMOUNT</b>	<b>FREQUENCY</b>	<b>COMMENTS</b>
Rent			
Water			
Phone			
Electric			
Food			
Medications			
Personal Items			
Home Maintenance			
Other			
Other			

<b>DEBTS</b>	<b>AMOUNT</b>	<b>PAYMENTS</b>	<b>COMMENTS</b>
Mortgage			
Credit Card			
Medical			
Other			

## **Documents to Bring With You to Your Initial Session**

**Names & Address List:** *Names, Addresses, Phone Numbers of all family members.*

**Court Pleading & Filings:** *Copies of all pleadings, reports or other documents filed with the Court or drafts that have been prepared, but not yet filed with the Court.*

**Estate Planning Documents:** *Wills, Trusts, Powers of Attorney, Advanced Directives, Pre/Post Nuptial Agreements*

**Deeds to Real Property:** *Primary residence, rental/investment property, commercial property, vacant land, and agricultural land*

**Asset List and Estimated Values:** *Checking Accounts, Savings Accounts, Certificate of Deposit, Bonds & Stocks, Investment Accounts, Money Market Accounts, Retirement Accounts & Pensions, Mineral Rights, Oil & Gas Rights, Insurance Policies (Life, Burial, Long-term Care), Vehicles (Cars, Boats, etc.)*

**Insurance Policies:** *Life Insurance, Medical Insurance, Long-Term Care Insurance, Disability Insurance*

**Statements of Eligibility:** *Veterans Benefits, Medicaid, Medicare, SSI, SSDI, Private Disability Benefits*

### **Sources of Income and Summary of Expenses**

**List of Doctors:** *Names, Addresses, Specialties*

**Doctor's Letter of Diagnosis** (if available)

***It would be appreciated if you could bring copies of all the documents for us to keep, but this is not necessary. However, if we need to spend time making copies during your appointment, it takes away from the time we have to spend with you analyzing the case.***