

CHAYET, DAWSON & DANZO, LLC
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 OF SITUATION

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

What are your main concerns?

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.

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/family members? Yes No

Explain:

ESTATE PLANNING DOCUMENTS OF SUBJECT PERSON

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

MEDICAL INFORMATION OF SUBJECT PERSON

Treating Physician _____

Address _____

Phone: _____ Fax: _____

What is the prognosis/diagnosis? _____

Medications and Purpose: _____

Other Physicians/Care Providers? _____

Able to do Activities of Daily Living (ADLs)? Yes No

If no, please list all ADLs requiring third party assistance: _____

Describe current care plan (in-home support, facility care. Include names of agencies and hours worked.): _____

Documents/Evaluation available? Yes No

FINANCIAL STATUS OF SUBJECT PERSON

Medicare Yes No Effective Date _____ A B
 Medicaid Yes No Effective Date _____
 Private Health Insurance _____
 Veteran's Benefits _____

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

ASSET	DESCRIPTION	TITLED	VALUE
Real Property			
Checking			
Savings			
Retirement Pensions			
Retirement Pensions			
Investment Accounts			
Investment Accounts			
Investment Accounts			
Cars			
Insurance Policy			
Burial Insurance Burial Plot			
Other			
Other			

EXPENSES	AMOUNT	FREQUENCY	COMMENTS
Rent			
Water			
Phone			
Electric			
Food			
Medications			
Personal Items			
Home Maintenance			
Other			
Other			

DEBTS	AMOUNT	PAYMENTS	COMMENTS
Mortgage			
Credit Card			
Medical			
Other			

Documents To Bring With You To Your Initial Session

Names & Address List: *Names, Addresses, Phone Numbers of Family Members*

Court Pleading & Filings: *Copies of all pleading, 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 Account, Certificate of Deposit, Bonds & Stocks, Investment Accounts, Money Market Accounts, Retirement Accounts & Pensions, Mineral Rights, Oil & Gas Rights, 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 is appreciated if you bring copies for us to keep of all the documents you gather, 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.