GUARDIAN/CONSERVATOR INFORMATION FORM

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| --- | --- |
| Name of Proposed Ward: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age: |  | Date of Birth: |  | SSN: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address: |  | | | | | | |  | County: | |  |
| Day Phone: | |  |  | Eve. Phone: |  |  | Email: | | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Currently at: | Hospital | |  | Nursing Home | |  | Other |  |
| Located at: | |  | | | | | | |
| County in which the proposed ward lives: | | | | |  | | | |

|  |  |  |
| --- | --- | --- |
| PERSON(S) APPLYING FOR GUARDIANSHIP: | | |
| Name of First Petitioner: |  | | | | | | |
| Address of Petitioner: |  | | | | County: |  | |
| Date of Birth: |  | SSN: | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever been bonded? | Yes | No | Have you ever been denied bond? | Yes | No |

|  |  |
| --- | --- |
| Email: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Second Petitioner: |  | | | | | |
| Address of Petitioner: |  | | | County: |  | |
| Date of Birth: |  | SSN: |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever been bonded? | Yes | No | Have you ever been denied bond? | Yes | No |

|  |  |
| --- | --- |
| Email: |  |

DOCTOR’S INFORMATION

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| --- | --- | --- | --- | --- | --- |
| Doctor’s Name (Currently under care of): | | |  | | |
| Address: | |  | | | |
| Phone: |  | | | Fax: |  |

FAMILY INFORMATION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Spouse of Proposed Ward: | | | |  | | | |
| Living | | | Deceased | | *If deceased, skip to next family member* | |  |
| Address: | |  | | | | | |
| Phone: |  | | | | Relationship to Proposed Ward: |  | |

Any special circumstances to know about this person? Yes  No  *If yes, please explain below*:

|  |
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Please list all adult children of Proposed Ward *- \*If none check here*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |  | Date of Birth: | |  | |
| Living | | | | Deceased | *If deceased, skip to next family member* | | | | |  |
| Address: | | |  | | | | | | | |
| Phone: | |  | | | Relationship to Proposed Ward: | | |  | | |

Any special circumstances to know about this person? Yes  No  *If yes, please explain below*:

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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |  | Date of Birth: | |  | |
| Living | | | | Deceased | *If deceased, skip to next family member* | | | | |  |
| Address: | | |  | | | | | | | |
| Phone: | |  | | | Relationship to Proposed Ward: | | |  | | |

Any special circumstances to know about this person? Yes  No  *If yes, please explain below*:

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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |  | Date of Birth: | |  | |
| Living | | | | Deceased | *If deceased, skip to next family member* | | | | |  |
| Address: | | |  | | | | | | | |
| Phone: | |  | | | Relationship to Proposed Ward: | | |  | | |

Any special circumstances to know about this person? Yes  No  *If yes, please explain below*:

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| --- |
|  |

Please list all adult next of kin: *\*If none check here*

(Parents, Grandparents, Siblings, Aunts & Uncles)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |  | Date of Birth: | |  | |
| Living | | | | Deceased | *If deceased, skip to next family member* | | | | |  |
| Address: | | |  | | | | | | | |
| Phone: | |  | | | Relationship to Proposed Ward: | | |  | | |

Any special circumstances to know about this person? Yes  No  *If yes, please explain below*:

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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |  | Date of Birth: | |  | |
| Living | | | | Deceased | *If deceased, skip to next family member* | | | | |  |
| Address: | | |  | | | | | | | |
| Phone: | |  | | | Relationship to Proposed Ward: | | |  | | |

Any special circumstances to know about this person? Yes  No  *If yes, please explain below*:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |  | Date of Birth: | |  | |
| Living | | | | Deceased | *If deceased, skip to next family member* | | | | |  |
| Address: | | |  | | | | | | | |
| Phone: | |  | | | Relationship to Proposed Ward: | | |  | | |

Any special circumstances to know about this person? Yes  No  *If yes, please explain below*:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |  | Date of Birth: | |  | |
| Living | | | | Deceased | *If deceased, skip to next family member* | | | | |  |
| Address: | | |  | | | | | | | |
| Phone: | |  | | | Relationship to Proposed Ward: | | |  | | |

Any special circumstances to know about this person? Yes  No  *If yes, please explain below*:

|  |
| --- |
|  |

Please list two adult friends (other than petitioner or applicant): *\*If none check here*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | |  | Date of Birth: | |  |
| Address: | | |  | | | | | |
| Phone: | |  | | Relationship to Proposed Ward: | | |  | |

Any special circumstances to know about this person? Yes  No  *If yes, please explain below*:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | |  | Date of Birth: | |  |
| Address: | | |  | | | | | |
| Phone: | |  | | Relationship to Proposed Ward: | | |  | |

Any special circumstances to know about this person? Yes  No  *If yes, please explain below*:

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| --- |
|  |

PRIOR REPRESENTATIVES OF PROPOSED WARD

Has the proposed ward had any representatives appointed under any prior proceedings?

Yes  No  Unknown

*If yes, please list them below:*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | |  | Date of Birth: | |  |
| Address: | | |  | | | | | |
| Phone: | |  | | Relationship to Proposed Ward: | | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | |  | Date of Birth: | |  |
| Address: | | |  | | | | | |
| Phone: | |  | | Relationship to Proposed Ward: | | |  | |

GUARDIANSHIP NOMINATIONS

Has the proposed ward nominated anyone to serve as his/her guardian? Yes  No  Unknown

*If yes, please list them below:*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | |  | Date of Birth: | |  |
| Address: | | |  | | | | | |
| Phone: | |  | | Relationship to Proposed Ward: | | |  | |

|  |  |
| --- | --- |
| How was this person nominated? Will, Nomination Form, other? |  |

Do you have/can you present this document? Yes  No

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | |  | Date of Birth: | |  |
| Address: | | |  | | | | | |
| Phone: | |  | | Relationship to Proposed Ward: | | |  | |

|  |  |
| --- | --- |
| How was this person nominated? Will, Nomination Form, other? |  |

Do you have/can you present this document? Yes  No

INFORMATION ABOUT THE PROPOSED WARD:

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| --- |
| Please describe the proposed ward’s condition that has led you to seek appointment as guardian: |
| Please describe how you have been involved in the life of the proposed ward? |
| Please describe your intentions for seeking guardianship of the proposed ward? |
| Please list all assets and income of the proposed ward: |