GUARDIAN/CONSERVATOR INFORMATION FORM

|  |  |
| --- | --- |
| 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

|  |  |
| --- | --- |
| 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*:

|  |
| --- |
|       |

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*:

|  |
| --- |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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*:

|  |
| --- |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 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*:

|  |
| --- |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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*:

|  |
| --- |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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*:

|  |
| --- |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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*:

|  |
| --- |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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*:

|  |
| --- |
|       |

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:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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:

|  |
| --- |
| 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:      |