

GUARDIANSHIP QUESTIONNAIRE

INFORMATION ABOUT THE ALLEGED INCAPACITATED PERSON (AIP):

Full Name: _____ Age: _____ Date of Birth: _____

Residential Address: _____

Mailing Address (if different): _____

Telephone Number: _____ Primary Spoken Language: _____

Description of Alleged Incapacity: _____

Is there a developmental disability (provide diagnosis)? _____

You believe a Guardianship/Guardian Advocacy is necessary because (what are the things they can't do to meet their basic needs): _____

Names and addresses of all persons you would consider calling as a witness who have actual knowledge regarding the AIP's condition:

Names, Addresses and Relationships of all next of kin of the AIP (give dates of birth of any who are minors):

Name, Address and Phone number of attending or family physician:

Has the AIP executed any advance directives such as a durable power of attorney, designation of a health care surrogate or living will? If yes, please indicate which ones and provide copies.

Describe any assets of the AIP (include bank accounts, investments, real estate, sources of income, any types of property interests): _____

Which rights do you feel the AIP is incapable of exercising (Please mark with an "X")?

- | | |
|--|---|
| <input type="checkbox"/> to marry | <input type="checkbox"/> to vote |
| <input type="checkbox"/> to contract | <input type="checkbox"/> to travel |
| <input type="checkbox"/> to sue and defend lawsuits | <input type="checkbox"/> to have a driver's license |
| <input type="checkbox"/> to determine his or her residency | <input type="checkbox"/> to seek or retain employment |
| <input type="checkbox"/> to consent to medical treatment | <input type="checkbox"/> to personally apply for government benefits |
| <input type="checkbox"/> to manage property or to make any gift or disposition of property | <input type="checkbox"/> to make decisions about his or her social environment or other social aspects of his or her life |

PETITIONER'S INFORMATION

Full Name: _____ Date of Birth/ Age: _____

Residential Address: _____

Mailing Address (if different): _____

Telephone Number: _____

Relationship to AIP: _____

Is the Petitioner seeking appointment as Guardian? [] Yes [] No

If No, who should be appointed and why: _____

PROPOSED GUARDIAN'S INFORMATION

Full Name: _____ Date of Birth/Age: _____

Residential Address: _____

Mailing Address (if different): _____

Telephone Number: _____

Relationship to AIP: _____

PROPOSED CO-GUARDIAN'S INFORMATION (if applicable)

Full Name: _____ Date of Birth/Age: _____

Residential Address: _____

Mailing Address (if different): _____

Telephone Number: _____

Relationship to AIP: _____