

GUARDIANSHIP FORM

Date: _____

What type of guardianship do you seek?

- Guardianship of Person
- Guardianship of Property
- Guardianship of Person and Property

1. INFORMATION ABOUT ALLEGED INCAPACITATED PERSON

Full Name _____
Street Address _____
City _____ State _____ Zip _____
Date of Birth _____ Soc.Sec. # _____ U.S. Citizen? Yes No
Description of Alleged Incapacity _____
Cause of Alleged Incapacity _____

Children: Does Alleged Incapacitated Person Have Children? Yes No

If yes, provide children's data:

1. Full Name: _____ Date of Birth _____
Street Address _____
City _____ State _____ Zip _____
2. Full Name: _____ Date of Birth _____
Street Address _____
City _____ State _____ Zip _____
3. Full Name: _____ Date of Birth _____
Street Address _____
City _____ State _____ Zip _____
4. Full Name: _____ Date of Birth _____
Street Address _____
City _____ State _____ Zip _____
5. Full Name: _____ Date of Birth _____
Street Address _____
City _____ State _____ Zip _____

Other Interested Parties/Next of Kin:

1. Full Name: _____
Relationship to Alleged Incapacitated Person _____
Street Address _____
City _____ State _____ Zip _____
2. Full Name: _____
Relationship to Alleged Incapacitated Person _____
Street Address _____
City _____ State _____ Zip _____
3. Full Name: _____
Relationship to Alleged Incapacitated Person _____
Street Address _____
City _____ State _____ Zip _____

2: INFORMATION ABOUT PROPOSED GUARDIAN

Your Name _____
Your Relationship to Alleged Incapacitated Person _____

Street Address _____
City _____ State _____ Zip _____
Home Phone w/area code _____ Work or Cell Phone w/area code _____
Soc. Sec # _____ Date of Birth _____ Place of Birth _____
U.S. citizen? Yes No
Married? Yes No **If yes**, spouse's full name _____
Proposed Guardian's Employer: _____
Employer Street Address _____
Employer City _____ State _____ Zip _____ Job Title _____

Number of years you have resided in the county in which application is to be filed _____

Are you **currently** serving as a guardian for another ward? Yes No

Have you **ever** served as a guardian? Yes No

Do you have any physical disabilities? Yes No

If yes, please describe: _____

Will a physical disability affect your ability to serve as guardian? Yes No

If yes, please explain: _____

Have you ever been treated for the following?

Mental Condition Yes No

Drug Dependency Yes No

Alcoholism Yes No

Other Conditions Yes No

If yes to any of the above, please state date, time and location of treatment of attending physician/professional: _____

Have you ever been accused of any of the following:

Abuse/Neglect of a Child Yes No

Abuse/Neglect Exploitation Yes No

Fraud/Misrepresentation/Perjury Yes No

Charged with/Convicted of a Crime Yes No

Charged with/Convicted of a Felony Yes No

If yes to any of the above, please give date and complete details: _____

Have you ever held a position that required bonding? Yes No

If yes, describe date, amount of bond and name of surety: _____

Have you ever filed for bankruptcy? Yes No

Are you a health care provider for the alleged incapacitated person? Yes No

Did you serve in the military? Yes No

If yes, list branch, dates of service and military serial number: _____

Proposed Guardian's Education:

High School Name: _____

Address: _____

Degree & Date of Graduation: _____

College Name: _____

Address: _____

Degree & Date of Graduation: _____

Proposed Guardian's Employment History:

Have you ever been discharged from employment? Yes No

If yes, please explain: _____

List employers for **last 10 years**, most recent first:

1. Employer _____
Street Address _____
City _____ State _____ Zip _____
Phone w/ Area Code _____
Job Title _____
Date of Employment From: _____ To: _____

2. Employer _____
Street Address _____
City _____ State _____ Zip _____
Phone w/ Area Code _____
Job Title _____
Date of Employment From: _____ To: _____

3. Employer _____
Street Address _____
City _____ State _____ Zip _____
Phone w/ Area Code _____
Job Title _____
Date of Employment From: _____ To: _____

4. Employer _____
Street Address _____
City _____ State _____ Zip _____
Phone w/ Area Code _____
Job Title _____
Date of Employment From: _____ To: _____

Do you possess any educational qualifications (financial, business advisor, etc.) or experience that uniquely qualifies you to be appointed Guardian? Yes No

If yes, describe: _____

Have you received instruction/training covering the legal duties and responsibilities of being a guardian? Yes No

If yes, specify when/where:

Proposed Guardian's Personal References (3):

1. Full Name _____
Relationship to you: _____
Street Address _____
City _____ State _____ Zip _____
Home # w/area code _____ Work/Cell # with area code _____

2. Full Name _____
Relationship to you: _____
Street Address _____
City _____ State _____ Zip _____
Home # w/area code _____ Work/Cell # with area code _____

3. Full Name _____
Relationship to you: _____
Street Address _____
City _____ State _____ Zip _____
Home # w/area code _____ Work/Cell # with area code _____

3: PHYSICIAN & OTHERS FAMILIAR WITH ALLEGED INCAPACITATED PERSON

Attending/Family Physician _____
Street Address _____
City _____ State _____ Zip _____
Phone with Area Code _____

Other persons known to applicant who have actual knowledge of alleged incapacitated person's condition:

1. Full Name _____
Street Address _____
City _____ State _____ Zip _____
Phone with Area Code _____

2. Full Name _____
Street Address _____
City _____ State _____ Zip _____
Phone with Area Code _____

3. Full Name _____
Street Address _____
City _____ State _____ Zip _____
Phone with Area Code _____

4: RIGHTS AND ASSETS OF ALLEGED INCAPACITATED PERSON

What rights do you feel the alleged incapacitated person is **NOT** capable of exercising?

Check as many as apply.

- Not capable to marry
- Not capable to contract
- Not capable to sue and defend lawsuits
- Not capable to determine his/her residency
- Not capable to vote
- Not capable to travel
- Not capable to have a drivers license
- Not capable to seek or retain employment
- Not capable to personally apply for government benefits
- Not capable to make decisions about his/her social environment
- Not capable to manage property/make gifts/dispose of property

List all assets of the alleged incapacitated person. (Attach additional sheet if necessary)

Real Estate:

Bank Accounts:

Brokerage Accounts / Stocks

Other
