

CONSERVATORSHIP / GUARDIANSHIP INFORMATION FORM

The person for whom a conservatorship / guardianship is being established:

Full Name: _____ Race: _____ Gender: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Employer: _____ Occupation: _____

Employer's Address: _____

Resident Citizen of: State of _____, _____ County for _____ years

Date of Birth: _____ State of Birth: _____ Social Security Number: _____

Married? If YES, provide the spouse's name. _____

Parents? If living, provide the names, ages, gender and contact information for the parents.

Mother: _____

Father: _____

Children? If YES, provide the names, ages, gender and contact information for all children.

Note if any of the children are deceased. If you are one of the children, place your name first.

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Siblings? If living, provide the names, ages, gender and contact information for all siblings.

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Who is seeking to be appointed as the Conservator / Guardian?

Full Name: _____ Race: _____ Gender: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Employer: _____ Occupation: _____

Employer's Address: _____

Resident Citizen of: State of _____, _____ County for _____ years

Date of Birth: _____ State of Birth: _____ Social Security Number: _____

Relationship to person over whom guardianship is sought: _____

Are there are medical / psychological reports indicating the person is in need of a guardian or that the person cannot handle his/her personal affairs? If YES, provide a copy of said report.

Is a Power of Attorney currently in effect for this person? If YES, who is the POA?

Assets: (homes, vehicles, personal property, artwork, insurance policies, etc.)

Please provide location and estimated value of each. If the asset is encumbered by a mortgage or note, please provide the approximate amount of the indebtedness and the monthly payment for said indebtedness. If the asset is a "titled" asset (i.e. has a deed or title), please state how the name on the title instrument is listed.

Bank Accounts: (checking, savings, investments, etc.)

Please provide names of financial institutions, account numbers, approximate value of account and whether or not the account is a joint account.

Retirement Accounts: (pensions, IRA's, 401k's, etc.)

Please provide names of financial institutions, account numbers, approximate value of account and whether or not the account is a joint account and the length of time the account has been in existence.

Debts: (credit cards, personal loans, etc.)

Please provide names of financial institutions, account numbers, approximate value of account and whether or not the account is a joint account.

Other Information:

Provide any other information that might become useful or relevant. This could include a daily synopsis of the person's living environment. A list of persons who are knowledgeable about the person's need for a guardian would also be helpful.