

GUARDIANSHIP/CONSERVATOR
INFORMATION FORM

Individual's Full Name			
Nicknames/Aliases Native Language			
Date of Birth		Social Security #	
Description	Height	Weight	Hair Color Eye Color
Current Residence			
List a P.O. Box Address If applicable			
If Nursing Home, last residence address and name of Administrator at facility			
<p>FAMILY</p> <p>_____ <u>Names and Addresses</u> _____</p> <p>_____ <u>Relationship and Age</u> _____</p> <p>List relatives in the following order</p> <p>Spouse Children Siblings Parents Aunts/Uncles</p> <p>*See page 8 if more space is needed*</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>ASSETS</p> <p>Bank Accounts, Real Estate, Stocks, Bonds, Mutual Funds, IRA, Auto, Personal Property, Life Insurance, etc.</p>	<p>_____ <u>Description, Location, Bank & Account #</u> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____ <u>Value or Amount</u> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

ASSETS (continued)	<u>Description, Location, Bank & Account #</u> 	<u>Value or Amount</u> 	
INCOME Social Security, Pension, etc.	<u>Source</u> 	<u>Amount</u> 	
MONTHLY BILLS Utilities, Rent, Insurance premiums (please list type), etc.	<u>Type of expense</u> If mortgage: Name of company _____ Balance of mortgage _____ If rental: Amount of arrearage, if any _____	<u>Average Monthly Payment</u> 	
OTHER DEBTS & PAYMENTS Credits Cards, Auto Loans, Medical & Doctor bills, etc.	<u>Creditor Name & Address</u> 	<u>Total Owed</u> 	<u>Monthly Payment</u>

<p>OTHER DEBTS & PAYMENTS (continued)</p>	<p>_____ Creditor Name & Address _____ _____ _____</p>	<p>_____ Total Owed _____ _____ _____</p>	<p>_____ Monthly Payment _____ _____ _____</p>
<p>LEGAL HISTORY</p> <p>Prior guardianships, powers of attorney, divorces, lawsuits, bankruptcy, etc.</p> <p>Attach copies of any documents</p> <p>(Powers of Attorney, Medical Directives, Guardianship Decree)</p> <p>Names and Addresses Of Persons holding said positions</p>	<p>Name: _____ Address: _____</p> <p>Name: _____ Address: _____</p> <p>Name: _____ Address: _____</p> <p>Name: _____ Address: _____</p>		
<p>PHYSICIAN(S) INFORMATION</p>	<p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone # _____ Date of Last Visit _____</p>		
<p>PHYSICIAN(S) INFORMATION:</p>	<p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone # _____ Date of Last Visit _____</p>		

Describe the physical condition and functional impairments of the individual, including:

1. Their mobility (can walk on their own, with cane or walker, uses wheelchair, stays in bed, etc.)

2. Your observations of their ability to live independently and handle average daily living skills and amount of assistance needed for:

a) preparing meals and eating

b) bathing, dressing and grooming

c) shopping and housework (cleaning, laundry, etc.)

3. What are your observations of the Mental Condition and functional impairments of the individual (explain and give examples if possible)

a) Do they know where they are?

b) Do they recognize family and friends?

c) Are they alert or do you have to work to get their attention?

d) Can they communicate?
(Speech & Hearing)

e) Have they wandered off or gotten lost?

f) Do they get confused easily?

g) Have you observed any unusual behavior?

h) Do they know what they own?
(real estate, bank accounts,
monthly income, etc.)

i) Do they know what they owe or what bills they have to pay?
(credit cards, mortgage, utilities, etc.)

j) Do they get or need help to write checks and/or pay monthly bills?

Other Comments or Pertinent Information:

Name of Person Completing Form	
Relationship to Individual	
Address & Phone #	
<p>PROPOSED GUARDIAN</p> <p>The guardian makes health care decisions for the incapacitated person.</p>	<p>Name _____</p> <p>Address _____ _____</p> <p>Phone _____</p> <p>Date of Birth _____</p> <p>Social Security # _____</p> <p>Relation to Individual _____</p>
<p>PROPOSED CONSERVATOR</p> <p>The conservator makes financial decisions for the incapacitated person.</p>	<p>_____ Check here if same as Guardian</p> <p>Name _____</p> <p>Address _____ _____</p> <p>Phone _____</p> <p>Date of Birth _____</p> <p>Social Security # _____</p> <p>Relation to Individual _____</p>
<p>HEALTH INSURANCE</p>	<p>Medicare A _____ B _____ Claim# _____</p> <p>Medicare Supplement _____ Claim# _____</p> <p>Medicaid Claim# _____ City/County _____</p> <p>Eligibility Date _____ Worker _____</p>
<p>FUNERAL/CREMATION/ ORGAN DONATION</p> <p>Please describe any plan or intentions for the incapacitated person.</p>	

PROPOSED LIVING
ARRANGEMENTS

PROPOSED MEDICAL TREATMENTS

OTHER INFORMATION

<p>ADDITIONAL FAMILY INFORMATION</p>	<p><u>Names and Addresses</u></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p><u>Relationship and Age</u></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>RETAIN VOTING RIGHTS?</p> <p>Yes or No</p>	<p>RETAIN DRIVERS LICENSE?</p> <p>Yes or No</p>	<p>RETAIN HUNTING/RIGHT TO KEEP AND BARE FIREARMS?</p> <p>Yes or No</p>