

**GUARDIANSHIP - DISABLED ADULT
INTERVIEW FORM**

CLIENT INFORMATION:

Clients Name: _____

Clients Address: _____

County: _____

Clients phone: office: _____ ext.: _____

fax: _____ hours: _____

employers name: _____

home: _____ time to call: _____

Clients S.S.#: _____

Clients D.O.B.: _____

FILE INFORMATION:

File Name: _____

File Number: _____ Date file opened: _____

INTERVIEW QUESTIONS:

Disabled Person Information

1. Alleged disabled person: _____

2. Address: _____

3. Date of birth: _____ Age: _____

4. Marital status: Married Separated Divorced Single

5. Spouses name, if married: _____

6. Highest level of education: _____

7. When last worked and where: _____

8. Disability: _____

9. Reasons for guardianship: _____

10. Physician: _____
 Address: _____

 Phone: _____
11. Dependents of disabled person (if any): _____

12. Relatives of disabled person: _____

13. Description of estate:
 Personal property: _____

 Total value: \$ _____
- Real estate: _____

 Total value: \$ _____
14. Anticipated annual gross income: \$ _____
15. Present guardian: _____
16. Prior court actions: _____

Guardian Information

17. Proposed guardian: _____
 Address: _____

 Phone (Home): _____ (Work): _____
 Age: _____ Occupation: _____

18. Type of guardianship requested:
- | | |
|--------------------|-------|
| Temporary: | _____ |
| Limited: | _____ |
| Plenary: | _____ |
| Person only: | _____ |
| Estate only: | _____ |
| Person and estate: | _____ |
19. Name of Petitioner: _____
20. Address of Petitioner: _____

21. Phone: Home: _____ Work: _____
 Fax: _____

Proceedings Information

22. Venue: _____
23. GAL to be appointed: ____ Yes ____ No
24. Will guardianship be disputed: ____ Yes ____ No
25. Bond
 Amount: _____
 Sureties: _____

 Bonding Co.: _____

26. Physicians report received: ____ Yes ____ No
 If no, when requested: _____

Miscellaneous

27. Comments: _____

FEE ARRANGEMENT:

ATTORNEY INFORMATION:

Attorney Completing Form: _____

Opposing Attorney: _____

Address: _____

Phone: _____ Fax: _____

Date form completed: _____

CLIENT VERIFICATION:

The undersigned client in the above referred to matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

Dated: _____
_____ CLIENT

CLIENT

HOW DID YOU HEAR ABOUT OUR FIRM?

- () REFERRAL, TYPE _____
- () DIRECT MAILING _____
- () TELEPHONE BOOK
- () INTERNET
- () NEWSPAPER
- () OTHER _____