

**GUARDIANSHIP - DISABLED ADULT
INTERVIEW FORM**

CLIENT INFORMATION:

Client's Name: _____

Client's Address: _____

_____ County: _____

Client's phone: office: _____ ext.: _____

fax: _____ hours: _____

employer's name: _____

home: _____ time to call: _____ cell: _____

Client's email: _____

Client's S.S.#: _____

Client's D.O.B.: _____

Has any other attorney represented client in this matter? _____

If so, provide Name, Address & Phone Number of prior attorneys. _____

How did you hear about our firm? _____

INTERVIEW QUESTIONS:

Alleged 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. Is residential placement being sought, if so when/where; will law enforcement assistance be needed to enforce an order for placement? ___ Yes ___ No _____
11. Physician: _____
 Address: _____
 Phone: _____ Fax: _____
11. Dependents of disabled person (if any): _____

12. Relatives of disabled person, required to receive notice: _____

13. Present guardian or holder of POA's for healthcare or property, required to receive notice. Will there be a request to terminate the POA's authority? ___ Yes ___ No
14. Description of estate (include information about any joint tenancy assets, mortgages, liens)
 Personal property: _____
 _____ Total value: \$ _____
 Real estate: _____
 _____ Total value: \$ _____
15. Anticipated annual gross income: \$ _____
 Source _____
16. Prior court actions: (i.e. mental health cases, criminal cases, guardianships): _____

Guardian Information

17. Proposed guardian: _____
 Address: _____

 Phone (Home): _____ (Work): _____

Age: _____ Occupation: _____

Any felony convictions? : ___ Yes ___ No If so, when, where, what; present status? _____

Ever been investigated for abuse/neglect/financial exploitation of a senior?: ___ Yes ___ No

18. Type of guardianship requested: Temporary: _____ Person only: _____ Estate only: _____

Limited: _____ Plenary: _____ Person & estate: _____

19. If Temporary Guardianship is being sought, delineate reasons therefore and identify specific powers that will be requested under the temporary guardianship _____

20. If Limited Guardianship is being sought, delineate reasons and authority to be granted. _____

21. Name of Petitioner: _____

22. Address of Petitioner: _____

23. Phone: Home: _____ Work: _____ Fax: _____

24. Petitioner's relationship to Alleged Disabled: _____

Proceedings Information

25. Venue: _____

26. GAL to be appointed: ___ Yes ___ No

27. Special requirements for GAL (will Respondent be more comfortable with male/female/young/old individual?) _____

28. Special information for GAL (whom to contact to set appointment to meet with Respondent; any health/safety issues such as weapons, infectious disease, environmental issues) _____

29. Will guardianship be disputed: ___ Yes ___ No

30. Client advised re: alleged disabled person's rights (advocate counsel, jury trial, independent medical exam) and anticipated costs associated therewith: ___ Yes ___ No

31. Bond _____
Amount: _____
Sureties: _____

Bonding Co.: _____

32. Physicians report received: ___ Yes ___ No
If no, when requested: _____

33. Paupers petition to be filed: ___ Yes ___ No

34. Order of Protection to be filed: ___ Yes ___ No

Miscellaneous

35. Comments: _____

36. Client advised re: GAL fees: ___ Yes ___ No

37. Client advised re: filing inventory: ___ Yes ___ No

38. Client advised re: annual report and account: ___ Yes ___ No

39. Client advised that Petitioner can be held liable for ALL fees and costs: ___ Yes ___ No

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

***COMPLETING THIS FORM DOES NOT CREATE AN ATTORNEY/CLIENT RELATIONSHIP. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. ***