

**GUARDIANSHIP AND/OR CONSERVATORSHIP INTAKE**

Full Name of Person to be Protected ("Respondent"): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If in Care Facility, Contact Person & Title: \_\_\_\_\_

If in Hospital/Care Center, Where & When Admitted: \_\_\_\_\_

Is the Respondent married? Yes \_\_\_ No \_\_\_

Full Name of Respondent's spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does the Respondent live with a domestic partner, friend or relative? Yes \_\_\_ No \_\_\_

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Age: \_\_\_\_\_

Information about ALL children, or other closest living relatives of the Respondent (for example, parents, siblings, aunt and uncles or nieces and nephews):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Age: 18 or older \_\_\_ Under 18 years \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Age: 18 or older \_\_\_ Under 18 years \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: 18 or older \_\_\_ Under 18 years \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: 18 or older \_\_\_ Under 18 years \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: 18 or older \_\_\_ Under 18 years \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: 18 or older \_\_\_ Under 18 years \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: 18 or older \_\_\_ Under 18 years \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: 18 or older \_\_\_ Under 18 years \_\_\_\_\_

(if more space is needed, add information on the back of this page)

Has there been a guardian or conservator for the person before? Yes \_\_\_No \_\_\_

Is there a Health Care Representative: Yes \_\_\_No\_\_\_

If Yes, whom is appointed: \_\_\_\_\_

Is there a power of attorney: Yes \_\_\_No\_\_\_

If Yes, whom is appointed: \_\_\_\_\_

Is there a Trustee for the Respondent: Yes \_\_\_No\_\_\_

If Yes, whom is appointed: \_\_\_\_\_

Is there a Will for the Respondent: Yes \_\_\_No\_\_\_

If Yes, whom is appointed as Personal Representative: \_\_\_\_\_

\*Please provide the Lawyer with copies of any of the above-referenced estate planning documents of the Respondent, if readily available. Not a requirement if unavailable.

Is there a financial manager for the Respondent: Yes \_\_\_No\_\_\_

If Yes, whom: \_\_\_\_\_

Does the Respondent have an attorney: Yes \_\_\_No\_\_\_

If Yes, please provide name and address: \_\_\_\_\_

Treating Physician for Respondent:

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Is any Doctor or Advisor recommending the Respondent be placed for treatment outside the home: Yes \_\_\_No\_\_\_

Doctor's Statement Obtained: Yes \_\_\_No\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain problems (i.e. wanders, suicidal, other deficits including, but not limited to, memory loss, risk of falling, loss of eyesight/hearing, incontinence, self-neglect, etc. Please be specific and give examples): \_\_\_\_\_

---

---

---

---

Brief Description of the Respondent's mental condition: \_\_\_\_\_

---

---

Brief Description of the Respondent's physical condition: \_\_\_\_\_

---

---

What is the incapacity plan for the Respondent: \_\_\_\_\_

---

---

Does an emergency exist requiring a Temporary Guardianship? Yes \_\_\_ No \_\_\_

If Yes, please explain the circumstances surrounding the need for an emergency: \_\_\_\_\_

---

---

---

---

Does the Respondent need to be placed in a facility? Yes \_\_\_ No \_\_\_

If Yes, what type: \_\_\_\_\_

Should there be any limited on the authority of the proposed Guardian and/or Conservator? Yes \_\_\_ No \_\_\_

If Yes, please describe the limits suggested: \_\_\_\_\_

---

Benefits received (if applicable):

Veteran's Affairs: \$ \_\_\_\_\_  
Social Security: \$ \_\_\_\_\_  
Medicaid: \$ \_\_\_\_\_  
Annuity: \$ \_\_\_\_\_  
Retirement: \$ \_\_\_\_\_  
Other Income: \$ \_\_\_\_\_ (Describe: \_\_\_\_\_)

Estimated value of the Respondent's entire estate: \$ \_\_\_\_\_

Does the Respondent own any real property: Yes \_\_\_ No \_\_\_

If Yes, please list any/all real property (location and estimated value): \_\_\_\_\_

\_\_\_\_\_

Brokerage Accounts, Retirement Plans/IRAs, and/or Annuities: Yes \_\_\_ No \_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will any real property belonging to the Respondent need to be sold in order to fund care for the Respondent: Yes \_\_\_ No \_\_\_

Does the Respondent have any assets that are held jointly with another person: Yes \_\_\_ No \_\_\_

If Yes, please describe asset(s) and individual(s) that are held jointly: \_\_\_\_\_

\_\_\_\_\_

Does the proposed Guardian and/or Conservator owe money to the Respondent: Yes \_\_\_ No \_\_\_

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does the proposed Guardian and/or Conservator receive money from the Respondent regularly:

Yes \_\_\_ No \_\_\_

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Who is the Person signing the Petition ("Petitioner"):**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

**Who is the Proposed Guardian:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Is the Proposed Guardian being paid to provide services to the Respondent:

Yes \_\_\_ No \_\_\_

If Yes, please explain: \_\_\_\_\_

Has the Proposed Guardian had any of the following (there is no time limitation on these, it is to mean EVER):

\_\_\_\_\_ Conviction of a Crime

\_\_\_\_\_ Filed for Bankruptcy

\_\_\_\_\_ Revocation of an occupational/professional license

If Yes, please give a brief description of the date(s) and/or reason(s) of event (i.e. filed for Bankruptcy in 1999 due to...): \_\_\_\_\_

HAVE YOU EVER BEEN REMOVED AS A FIDUCIARY? Yes \_\_\_\_ No \_\_\_\_

HAVE YOU EVER HAD A LOSS CAUSED BY FAILURE TO PERFORM A FIDUCIARY DUTY INCLUDING PAYMENT OF ATTORNEYS FEES? Yes \_\_\_\_ No \_\_\_\_

**Who is the Proposed Conservator:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Is the Proposed Conservator being paid to provide services to the Respondent:  
Yes \_\_\_\_ No \_\_\_\_

If Yes, please explain: \_\_\_\_\_

Has the Proposed Conservator had any of the following (there is no time limitation on these, it is to mean EVER):

\_\_\_\_\_ Conviction of a Crime

\_\_\_\_\_ Filed for Bankruptcy

\_\_\_\_\_ Revocation of an occupational/professional license

If Yes, please give a brief description of the date(s) and/or reason(s) of event (i.e. filed for Bankruptcy in 1999 due to...): \_\_\_\_\_

Please note that the Court will require a Surety Bond in equal value to the Respondent's estate. Are there any other reasons the proposed Conservator may not qualify for a Surety Bond?

Yes \_\_\_\_ No \_\_\_\_

If Yes, please explain: \_\_\_\_\_

Please list the names Name, Telephone Number and Relationship of any persons not already named herein that you believe would have pertinent information that is not already listed:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: 18 or older \_\_\_ Under 18 years \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: 18 or older \_\_\_ Under 18 years \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: 18 or older \_\_\_ Under 18 years \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: 18 or older \_\_\_ Under 18 years \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: 18 or older \_\_\_ Under 18 years \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Age: 18 or older \_\_\_ Under 18 years \_\_\_\_\_

**COSTS:**

Circuit Court Filing Fee for Guardianship:	\$124.00
Circuit Court Filing Fee for Conservatorship:	\$281.00*
Court Visitor Fee (when seeking Guardianship):	\$600.00
Personal Service Fee:	\$50.00+

Additionally, **ATTORNEY FEES** are billed at an hourly rate.

\*This fee is based on a presumed minimum estate value of <\$50,000.00. An Inventory of estate assets (i.e. real property, bank/investment accounts, etc.) will be required within 90 days from the date of appointment as Conservator. An additional filing fee will be required at that time. The amount of that fee will be dependent on the total estate assets.

In addition to the above-referenced costs, there will be annual expenses for the estate accounting for the Conservatorship. These include Court costs ranging from \$35.00-\$1,176.00 per year, and are based on the then-current estate assets. In addition, Attorney and Paralegal fees will be incurred and billed at an hourly rate.

**CLIENT AGREEMENT**

Payment of your account is due in full within thirty (30) days of billing. If an amount is not paid within sixty (60) days of the billing date, we reserve the right to terminate representation of you without notice, unless acceptable, written payment arrangements are made before the 60<sup>th</sup> day, and are strictly abided by. In such a situation, Client agrees that the matter can be turned over to collections.

NOTE: If our work is complete and you have not come in to sign documents within a thirty (30) day period, a bill for Attorney fees will be sent as though the matter has been completed.

**SIGNING BELOW MEANS YOU HAVE READ, FULLY UNDERSTOOD AND AGREED TO THE ABOVE.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE