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GUARDIANSHIP INFORMATION SHEET

Date: _____

INSTRUCTIONS: Please complete this preliminary information sheet and return it to our office.

Your Name(s): Your name as you regularly sign. (E.g., name on your checks.)

Husband

Wife

Also known as: _____

Also known as: _____

Birthdate: _____

Birthdate: _____

S.S.# _____

S.S.# _____

Residence Address: _____

City/State/Zip: _____

County: _____

Mailing Address: _____

(if other than above)

Telephone #: (Home) _____ (Cell) _____

Email: _____ Preferred way to contact: _____

Marital Status: ___ Single (never married)

___ Married

Date of Marriage: _____

___ Divorced

Date of Divorce: _____

___ Widowed

H: Prior Marriage? ___ Full Name of Prior Spouse: _____

How terminated? Death ___ Divorce ___ Date of Death/Divorce: _____

W: Prior Marriage? ___ Full Name of Prior Spouse: _____

How terminated? Death ___ Divorce ___ Date of Death/Divorce: _____

PROPOSED WARD

(The proposed ward is the person that you wish to seek a guardianship for).

Name: _____

DOB: _____ Gender: _____

Relationship to proposed ward: _____

Does proposed ward currently live with you? Yes ___ No ___

If no:

Current Address: _____ County: _____

Has the proposed ward lived with you for the past year? Yes ___ No ___

If not, the name and address of the adult the proposed ward has lived with for more than six months of the previous year:

Name: _____

Current Address: _____ County: _____

Do you have a letter from a physician or other qualified person who has evaluated the proposed ward and describes the conditions giving rise to a guardianship?

Yes _____ No _____

**** If yes, please attach a copy**

Which of the following conditions apply to the proposed ward?

- Mental Illness Mental Deficiency Physical Illness or Disability
 Chronic Drug Use Chronic Intoxication Other: _____

Please briefly describe why you wish to seek a guardianship for the proposed ward at this time: _____

Please briefly describe why a guardianship is necessary for the proposed ward at this time: _____

Is this an emergency guardianship? Yes _____ No _____

If yes, why? _____

Is this a limited guardianship (guardian only requires some powers)?

Yes _____ No _____

If yes, why? _____

3.) Name

Address

Phone #

D.O.B.

Status

Relationship to proposed ward

4.) Name

Address

Phone #

D.O.B.

Status

Relationship to proposed ward

PREVIOUS GUARDIANSHIP

Have guardianship proceedings been opened in any other state?

Yes _____ No _____

If yes: Are those proceedings still open? Yes _____ No _____

Information about other Guardianship:

Guardian Name: _____

Address: _____

Telephone Number: _____

Court Proceedings Open In: _____

Case Number: _____

How Proceedings Closed: _____

When Case Closed: _____

***** Please attach copies of any documents that you have regarding these proceedings.***

From what sources did you hear about our Law Offices? _____

I hereby represent to The Law Offices of Bradley J. Frigon that the information contained in this intake form is accurate and complete, and I understand the law firm will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Dated: _____, 2009

Name of person who prepared this form

Signature