LAW OFFICES OF BRADLEY J. FRIGON, LLC

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GUARDIANSHIP INFORMATION SHEET

Your Name(s) :	State your name as would r	egularly sign your checks, etc.	
<u>Husband</u>		Wife (Circle One: Mrs. Ms. Miss.)	
		Also known as:	
Birthdate:		Birthdate:	
S.S.#		S.S.#	
Residence Address	<u> </u>		
County:			
Telephone #: Hor	me		
Bu	siness		
Ce	11		
Marital Status:	Single (never married)	Other:	
	Married	Date of Marriage:	

_	_Divorced	Date of Divorce:			
_	Widowed	Date of Death:			
H: Prior Marriage	Full Name of Prior Sp	ouse:			
How terminated?	Death Divorce _	Date of Death/D	Divorce:		
W: Prior Marriage	Full Name of Prior Sp	oouse:			
How terminated?	Death Divorce	Date of Death/D	Divorce:		
PROPOSED WARD					
The proposed ward is the	e person that you wish	to seek a guardianship	for.		
Name:					
DOB:					
Relationship to proposed					
Does proposed ward curr	rently live with you?	Yes	No		
If not:					
Current Address:		County: _			
_					
Has the proposed ward l	ived with you for the p	ast year? Yes	No		
If not, the name and ad months of the previous y		proposed ward has liv	ved with for more than six		
Name:					
Current Address:		County: _			
Do you have a letter fro ward and describes the c			has evaluated the proposed		
Yes No	-				
** If yes, please attach a	copy				
Which of the following of	conditions apply to the	proposed ward?			
□ Mental Illness	□ Mental Deficie	ency 🗆 Physica	l Illness or Disability		
□ Chronic Drug Use	□ Chronic Intoxi	cation Other:	□Other:		

Please briefly describe why you wish to seek a guardianship for the proposed ward at this
Please briefly describe why a guardianship is necessary for the proposed ward at this
s this an emergency guardianship? Yes No f yes, why?
s this a limited guardianship (guardian only requires some powers)? Yes No
f yes, why?
Please list the current income of the proposed ward: \$ Please list the assets of the proposed ward:

ADULT RELATIVES OF PROPOSED WARD

Please list the nearest living relatives of the proposed ward, including spouse or children, siblings, or parents of proposed ward etc.

(For Status, use one of the following: M = married; S = single; D = divorced; W = widow; C = child; MN = minor; A = adult; AD = adopted; SC = stepchild; FC = foster child)

Name	Address	Phone #	D.O.B.	Status	Relationship to Proposed Ward	
<u>PREVIOU</u>	S GUARDIAN	<u>ISHIP</u>				
Have guard	lianship proceed	lings been open	ed in any o	ther state?		
Yes	No _					
If yes: Are	e those proceedi	ngs 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 O	ffices?
I hereby represent to The Law Offices of Bradley intake form is accurate and complete, and I under I understand that if the information contain recommendations made by the law firm may not be	stand the law firm will rely on this information. ed herein is inaccurate or incomplete, the
Dated:	
Name of person who prepared this form	Signature