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## LAW OFFICES OF BRADLEY J. FRIGON, LLC

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## GUARDIANSHIP INFORMATION SHEET

**Your Name(s):** State your name as would regularly sign your checks, etc.

Husband

Wife (Circle One: Mrs. Ms. Miss.)

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

Business \_\_\_\_\_

Cell \_\_\_\_\_

**Marital Status:** \_\_\_ Single (never married) Other: \_\_\_\_\_

\_\_\_ Married

Date of Marriage: \_\_\_\_\_



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

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

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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? \_\_\_\_\_  
\_\_\_\_\_

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)

<b>Name</b>	<b>Address</b>	<b>Phone #</b>	<b>D.O.B.</b>	<b>Status</b>	<b>Relationship to Proposed Ward</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**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: \_\_\_\_\_.

\_\_\_\_\_  
Name of person who prepared this form

\_\_\_\_\_  
Signature