



## CONFIDENTIAL

This questionnaire is designed to help us gather information necessary to properly advise you. You may ignore the questions that do not apply to you. Whether you are a new or an existing client, this questionnaire is extremely helpful and we ask your indulgence in completing it fully. Please feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant.

### PETITIONER (PERSON COMPLETING FORM):

1. Name of Petitioner: \_\_\_\_\_
2. Address of Petitioner: \_\_\_\_\_  
\_\_\_\_\_
3. Telephone Number: \_\_\_\_\_
4. Relationship to AIP: \_\_\_\_\_
5. Email Address: \_\_\_\_\_

### ALLEGED INCAPACITATED PERSON (AIP):

1. Name of AIP: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
2. Place of Residence of AIP: \_\_\_\_\_  
How long has AIP resided at residence: \_\_\_\_\_  
If AIP is in a nursing home, address, telephone number of nursing home:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date of Admittance \_\_\_\_\_  
Prior Residence:  
\_\_\_\_\_  
\_\_\_\_\_
3. Has AIP Ever Been Married: \_\_\_\_\_  
If so: Name, Date Married \_\_\_\_\_  
Current Marital Status:  Married  Widowed  Divorced  
If spouse is deceased, date of death: \_\_\_\_\_  
Address of Spouse: \_\_\_\_\_  
\_\_\_\_\_

Parents, Names, Addresses and Telephone Numbers:

---

---

Siblings, Names, Address and Telephone Numbers (if any):

---

---

---

Children, Names, Address and Telephone Numbers (if any):

---

---

---

**4. Medical Condition Diagnosis/Dates of any Recent Hospitalizations:**

---

---

---

**5. Mental status and indications that AIP is unable to manage activities of daily living including details, dates and examples of limitations:**

---

---

---

**6. Activities of Daily Living: (check activities not completed by AIP without assistance).**

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Eating   | <input type="checkbox"/> Laundry           |
| <input type="checkbox"/> Walking  | <input type="checkbox"/> Cooking           |
| <input type="checkbox"/> Bathing  | <input type="checkbox"/> Cleaning          |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Managing Finances |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Toileting         |
| <input type="checkbox"/> Shopping |  |

**7. Indications that AIP is unable to manage finances/property. Give specific details of events indicating that the AIP has limitations and requires assistance.**

---

---

---

---

---

---

---

**8. Financial Information:**

Real Property Address

Approximate Value

---

---

**Assets – Bank Accounts:**

Bank	Address	Account#	Amount
------	---------	----------	--------

---

---

---

---

**Income (per month):**

Pension: \_\_\_\_\_

Other Income: \_\_\_\_\_

Safe Deposit Box:  yes  no  unknown

If yes, Bank name \_\_\_\_\_

**9. Does AIP have a Health Care Proxy, Living Will or Last Will and Testament?**

---

**10. Does the AIP speak English:**

---

**11. Background on why Guardianship is required with timeline of events. Please give any additional details/ dates/examples leading you to request the appointment of a Guardian.**

---

---

---

---

---

---

---

---

---

---

**PROPOSED GUARDIAN:**

Self or  Other

If other, name and relationship to AIP \_\_\_\_\_

Please give details including dates and circumstances for the following:

a. Has any of the proposed Guardians had any offense against the law not including minor traffic offenses and adjudications as a youthful offender or juvenile delinquent?

\_\_\_\_\_  
\_\_\_\_\_

b. Has any of the proposed Guardians ever forfeited bail or other collateral?

\_\_\_\_\_  
\_\_\_\_\_

c. Does any of the proposed Guardians have any criminal charges pending against them?

\_\_\_\_\_  
\_\_\_\_\_

d. Has any of the proposed Guardians ever filed for bankruptcy?

\_\_\_\_\_  
\_\_\_\_\_