



Guardianship Client Intake Form

Name: _____ Prefer to be called: _____

Birth date: _____ Social Security # _____ - _____ - _____ US Citizen? Yes No

Home Address: _____ City: _____

State: _____ Zip Code: _____ Primary Contact Number: _____

County of Residence: _____ Employer: _____

E-mail Address: _____ *It is okay to communicate with me via my e-mail address.*

How did you hear about our law firm? _____

Relationship to the protected person (the person whom you are seeking guardianship over)?

Protected Person's Information

Protected Person's Legal Name: _____

Birth date: _____ Social Security # _____ - _____ - _____ US Citizen? Yes No

Home Address: _____ City: _____

State: _____ Zip Code: _____ Primary Contact Number: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Does the protected person have any distinguishing characteristics such as scars, birthmarks, tattoos, etc.? If so, please describe: _____

Medical diagnosis of the protected person? Please note that you will also have to arrange to have a physician complete the form of physician's report that has been provided to you.

Protected Person's Monthly Income

| | |
|-----------------|--|
| | |
| Social Security | |
| Pension | |
| Annuity | |
| Other: | |
| | |
| Total | |

Please write on the back, or attach a separate sheet if additional space is needed for this section

Is the protected person receiving SSI, SSD, Medicaid, Disability, Section 8 housing, or other governmental benefits? Y N

If so, please describe: _____

Is there any other guardianship pending or ongoing with respect to the protected person?

If so, please describe: _____

Are you currently serving as a court appointed guardian of any other person? Y N

Please fill in the following in regards to a person closely related (*i.e.*, parent, adult child, adult sibling) to the protected person, other than yourself. This person will either need to receive notice of the guardianship proceedings or sign a consent form to the proceedings. Please let us know if you would like our firm to provide such a consent form, or if you would prefer to provide written notice via US Mail.

| Name | Address | Relation to Protected Person |
|------|---------|------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

How long have you been caring for the protected person? If the protected person does not reside with you, how often do you see them?: _____

Have you ever been convicted of a crime? If so, please provide specific information, including type/classification of crime and conviction date:

Please include any additional relevant information, questions, or concerns: _____
