



## 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: \_\_\_\_\_

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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.

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### 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: \_\_\_\_\_

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

If so, please describe: \_\_\_\_\_

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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_