

Guardianship Initial Interview

Ward Name: _____

DOB: _____ Age: _____

Address: _____

Length of time at this residence: _____

Telephone No.: _____

SS#: _____

Is the proposed ward a Veteran? _____

Name of person other than alleged incompetent, who may be contacted at the address where the alleged incompetent is living: _____

Names and addresses for all of the physicians and psychologists that have treated the

Ward in the past 2 years:

Doctor: _____

Phone#: _____

Address: _____

Doctor: _____

Phone#: _____

Address: _____

Doctor: _____

Phone#: _____

Address: _____

Next of Kin to Ward:
Please provide names, relation, and address:

Please provide approximate cash value and description for Ward's personal property, including but not limited to any checking and/or savings accounts, household items, stocks or bonds, and any annual rental income. Provide all the financial information available to you.

Please provide the following financial information: **(amount per month)**

Social Security: _____

P.E.R.S.: _____

Veterans Admin.: _____

R.R. Retirement: _____

Employee's Pension: _____

Insurance Benefits: _____

A.D.C.: _____

Other: _____

Does the Ward have an interest in any of the following:

Securities: _____

Land installment contracts: _____

Real Estate: _____

Estate or Trust: _____

Please provide a complete list of Ward's medications.

Does the Ward have any communication problems? _____

Please provide a complete list of all the agencies that would have relative information regarding the Ward's condition.

Does the Ward leave the house/facility on a daily basis? Yes No

If yes, please identify where the Ward attends School, Program, Work, Activities, etc.:

Days of the week that the ward is at the above location:

Time frame that the ward attends the above events (ie: 9:00 a.m. – 2:00 p.m.):

Activity #2:

Place: _____

Time: _____

Day(s) of the Week: _____

Activity #3:

Place: _____

Time: _____

Day(s) of the Week: _____

Please provide the following information for the applicant:

Applicant Name: _____

DOB: _____ Age: _____

Address: _____

SS#: _____

Home #: _____ Work #: _____

Other #: _____ Other #: _____

Number of years resided at the current address: _____
[5 Years Only]

Previous address: _____

Spouse: _____ Years married: _____

EMPLOYMENT INFORMATION FOR APPLICANT FOR THE PAST FIVE YEARS

Employer: _____

Years employed: _____

Employer: _____

Years employed: _____

FINANCIAL INFORMATION FOR APPLICANT

Applicant's Bank: _____

Type of Account(s): _____

Safety Deposit Box: _____

Applicant's Bank: _____

Type of Account(s): _____

Safety Deposit Box: _____

Applicant's Bank: _____

Type of Account(s): _____

Safety Deposit Box: _____

Has the applicant ever filed for Bankruptcy? _____

Has the applicant ever been garnisheed? _____

Has the applicant ever been in receivership? _____

Has the applicant ever been convicted of a Felony? _____

Does the applicant have any experience in handling investments in marketable securities? _____

Describe that experience:

In the event of the death or incapacity of the applicant/guardian, the Court should contact the nearest friends or relatives whose names and addresses are:

Notes