# Client Information Sheet Guardianships

**Please complete this form prior to your initial meeting to allow us to more efficiently serve your needs. This form is intended to be completed by the person(s) seeking guardianship. Please use the back of the form if additional space is needed.**

1. **Contact Information**

Client’s Name (Petitioner):

First Middle Initial Last

Age: Date of Birth:

Street (Road) address:

Post Office Box (if applicable):

City, State & Zip:

Telephone No.: Home: Work: Cell:

E-Mail Address:

Relationship to Incapacitated Person:

Will a Co-Guardian act with you?: Yes No

If yes, please provide same contact information as above:

Have you or the Co-Guardian ever been convicted of a felony? Yes No

If yes, list date of conviction and type of felony:

# Educational Background of Guardian(s)

High School Education: Yes College Education: Yes

No No

GED: Yes

No

If yes, degree received:

For Co-Guardian (if applicable): High School Education: Yes College Education: Yes

No No

GED: Yes

No

If yes, degree received:

# Employment of Guardian(s)

Occupation:

Name of Employer:

Length of Employment:

For Co-Guardian (if applicable):

Occupation:

Name of Employer:

Length of Employment:

# Information about Incapacitated Person

Name: First Middle Initial Last

Age: Date of Birth:

Street (Road) address:

Post Office Box (if applicable):

City, State & Zip:

Telephone No.: Home: Cell:

E-Mail Address: Please explain the nature of the individual’s incapacity:

# Names and addresses of Incapacitated Person’s Parents, Children, & Siblings:

***If you need more space, please put additional information on the back of the page.***

Name (first, middle initial, last): Addresses

1.

2.

3.

4.

5.

6.

**Monthly Income of Incapacitated Person:**

Social Security Pension

Annuity

Other

# Total

**Assets of the Incapaciated Person:**

Do you own a qualified annuity (funded with retirement funds)? Y N

Do you own a non-qualified annuity (not funded with retirement funds)? Y N Real Estate:

Address:

Acreage:

Vehicle(s):

Bank Accounts (please add additional pages as necessary):

Name of Bank:

Type of Account/Account Number: Current Balance:

Type of Account/Account Number: Current Balance:

Type of Account/Account Number: Current Balance:

Name of Bank:

Type of Account/Account Number: Current Balance:

Type of Account/Account Number: Current Balance:

Type of Account/Account Number: Current Balance:

Other Investments:

Name of Company:

Type of Account/Account Number: Current Balance:

Type of Account/Account Number: Current Balance:

Type of Account/Account Number: Current Balance:

Type of Account/Account Number: Current Balance:

Name of Company:

Type of Account/Account Number: Current Balance:

Type of Account/Account Number: Current Balance:

Type of Account/Account Number: Current Balance:

Life Insurance (please add additional pages as necessary):

Company:

Policy Number: Value:

Company:

Policy Number: Value:

Company:

Policy Number: Value:

Other Assets:

**Referral:**

Who referred you to this office?

Name

Street Address

City State ZIP

Client’s Signature

Date:

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