

Guardianship and/or Conservatorship Information

A.

Respondent: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

Phone Number: _____

Contact Person and Title: _____
(If in care facility)

Treating Physician: _____

Physician Address: _____

Physician Phone: _____

Doctor's Statement Obtained? _____ Yes _____ No

Diagnosis: _____

Explain problems, i.e. wanders, suicidal, other deficits, including, but not limited to memory loss, risk of falling, loss of eyesight/hearing, incontinence, self neglect, etc. (Please be specific and give examples):

Guardianship and/or Conservatorship Information

Need to place in facility? _____ Yes _____ No

If Yes, What type? _____

Benefits received:

_____ VA \$ _____ Amount

_____ Social Security \$ _____ Amount

_____ Medicaid \$ _____ Amount

Real Property (Location and Value):

Does an EMERGENCY exist? If so, describe:

Guardianship and/or Conservatorship Information

B.

Petitioner: _____

Address: _____

Date of Birth: _____

Phone: _____

Relationship to Respondent: _____

C.

Guardian Name: _____

Address: _____

Phone: _____

Age: _____

Relationship to Respondent: _____

FIDUCIARY STATEMENT REGARDING CONVICTION OF CRIME,
BANKRUPTCY FILING, LICENSE, REVOCATION OR CANCELLATION:

_____ Yes _____ No

If yes, please explain circumstances:

Guardianship and/or Conservatorship Information

D.

Conservator Name _____

Address: _____

Phone: _____

Age: _____

Relationship to Respondent: _____

FIDUCIARY STATEMENT REGARDING CONVICTION OF CRIME,
BANKRUPTCY FILING, LICENSE, REVOCATION OR CANCELLATION:

_____ Yes _____ No
If yes, please explain circumstances:

PETITION

(Need to list family members and interest parties – all get notices)

NOTICE OF OBJECTION

Mail to the following: (spouse, children, or other nearest relatives, attorney,
other fiduciaries, VA, EAU, Office of Long Term Care Ombudsman,
Oregon Advocacy Center, if appropriate)

Name, Address Telephone Relationship

Guardianship and/or Conservatorship Information

Notice of Objection, continued....

Name, Address Telephone Relationship

Name, Address Telephone Relationship

Name, Address Telephone Relationship

(POA OR OTHER FIDUCIARY):

Name, Address Telephone Relationship

OTHERS WHO MAY HAVE PERTINENT INTORMATION:

Name, Address Telephone Relationship

Name, Address Telephone Relationship

Name, Address Telephone Relationship

DATE

SIGNATURE