

GUARDIANSHIP AND/OR CONSERVATORSHIP INTAKE

Full Name of Person to be Protected ("Respondent"): _____

SSN: _____ Date of Birth: _____

Address: _____

Telephone Number: _____

If in Care Facility, Contact Person & Title: _____

If in Hospital/Care Center, Where & When Admitted: _____

Treating Physician for Respondent (Name, Address & Telephone): _____

Is any Doctor or Advisor recommending the Respondent be placed for treatment
outside the home: YES NO (Circle One)

Doctor's Statement Obtained: YES NO (Circle One)

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): _____

Brief Description of the Respondent's mental condition: _____

Brief Description of the Respondent's physical condition: _____

What is the incapacity plan for the Respondent: _____

Does an emergency exist requiring a Temporary Guardianship?

YES NO (Circle One)

If Yes, please explain the circumstances surrounding the need for an emergency: _____

Does the Respondent need to be placed in a facility?

YES NO (Circle One)

If Yes, what type: _____

Is there a Health Care Representative: YES NO (Circle One)

If Yes, whom is appointed: _____

Is there a financial power of attorney: YES NO (Circle One)

If Yes, whom is appointed: _____

Is there a Trustee for the Respondent: YES NO (Circle One)

If Yes, whom is appointed: _____

Is there a Will for the Respondent: YES NO (Circle One)

*Please provide the Lawyer with copies of any of the above-referenced estate planning documents of the Respondent, if readily available.

Is there a financial manager for the Respondent: YES NO (Circle One)

If Yes, whom: _____

If Yes, is he/she having trouble (if so, please explain): _____

Should there be any limited on the authority of the proposed Guardian and/or Conservator? YES NO (Circle One)

If Yes, please describe the limits suggested: _____

Benefits received (if applicable):

Veteran's Affairs: \$ _____
Social Security: \$ _____
Medicaid: \$ _____
Annuity: \$ _____
Retirement: \$ _____
Other Income: \$ _____ (Describe: _____)

Estimated value of the Respondent's entire estate: \$ _____

Does the Respondent own any real property: YES NO (Circle One)

If Yes, please list any/all real property (location and estimated value): _____

Will any real property belonging to the Respondent need to be sold in order to fund care for the Respondent: YES NO (Circle One)

Does the Respondent have any assets that are held jointly with another person:

YES NO (Circle One)

If Yes, please describe asset(s) and individual(s) that are held jointly: _____

Does the proposed Guardian and/or Conservator owe money to the Respondent:

YES NO (Circle One)

If Yes, please explain: _____

Does the proposed Guardian and/or Conservator receive money from the Respondent regularly:

YES NO (Circle One)

If Yes, please explain: _____

Who is the Person signing the Petition ("Petitioner"):

Name: _____

Date of Birth: _____

Address: _____

Telephone Number: _____

Relationship to Respondent: _____

Who is the Proposed Guardian:

Name: _____

Date of Birth: _____

Address: _____

Telephone Number: _____

Relationship to Respondent: _____

Is the Proposed Guardian being paid to provide services to the Respondent:

YES NO (Circle One)

If Yes, please explain: _____

Has the Proposed Guardian had any of the following (there is no time limitation on these, it is to mean EVER):

_____ Conviction of a Crime

_____ Filed for Bankruptcy

_____ Revocation of an occupational/professional license

If Yes, please give a brief description of the date(s) and/or reason(s) of event (i.e. filed for Bankruptcy in 1999 due to...): _____

Who is the Proposed Conservator:

Name: _____

Date of Birth: _____

Address: _____

Telephone Number: _____

Relationship to Respondent: _____

Is the Proposed Conservator being paid to provide services to the Respondent:

YES NO (Circle One)

If Yes, please explain: _____

Has the Proposed Conservator had any of the following (there is no time limitation on these, it is to mean EVER):

- _____ Conviction of a Crime
- _____ Filed for Bankruptcy
- _____ Revocation of an occupational/professional license

If Yes, please give a brief description of the date(s) and/or reason(s) of event (i.e. filed for Bankruptcy in 1999 due to...): _____

Please list the Name, Address, Telephone Number of any Spouse/Partner and/or ALL Adult Children of the Respondent (please include relationship):

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

Does anyone NOT listed above (spouse/child) live with the Respondent:

YES NO (Circle One)

If Yes, please list name, telephone number and relationship to Respondent: _____

Please list the names Name, Telephone Number and Relationship of any persons not already named herein that you believe would have pertinent information that is not already listed:

NAME, RELATIONSHIP & TELEPHONE NUMBER

NAME, RELATIONSHIP & TELEPHONE NUMBER

NAME, RELATIONSHIP & TELEPHONE NUMBER

NAME, RELATIONSHIP & TELEPHONE NUMBER

NAME, RELATIONSHIP & TELEPHONE NUMBER

FEES:

Circuit Court Filing Fee for Guardianship:	\$117.00
Circuit Court Filing Fee for Conservatorship:	\$265.00*
Court Visitor Fee (when seeking Guardianship:	\$400.00
Personal Service Fee:	\$45.00+

*This fee is based on a presumed minimum estate value of <\$50,000.00. An Inventory of estate assets (i.e. real property, bank/investment accounts, etc.) will be required within 90 days from the date of appointment as Conservator. An additional filing fee will be required at that time. The amount of that fee will be dependent on the total estate assets.

In addition to the above-referenced fees, there will be annual expenses for the estate accounting for the Conservatorship. These include Court costs ranging from \$33.00-\$1,109.00 per year, and are based on the then-current estate assets. In addition, Attorney and Paralegal fees will be incurred and billed at an hourly rate.

CLIENT AGREEMENT

Payment of your account is due in full within thirty (30) days of billing. If an amount is not paid within sixty (60) days of the billing date, we reserve the right to terminate representation of you without notice, unless acceptable, written payment arrangements are made before the 60th day, and are strictly abided by. In such a situation, Client agrees that the matter can be turned over to collections.

NOTE: If our work is complete and you have not come in to sign documents within a thirty (30) day period, a bill for Attorney fees will be sent as though the matter has been completed.

SIGNING BELOW MEANS YOU HAVE READ, FULLY UNDERSTOOD AND AGREED TO THE ABOVE.

DATE

SIGNATURE