

GUARDIANSHIP AND/OR CONSERVATORSHIP INTAKE

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

Age: _____ Date of Birth: _____ Social Security No.: _____

Home Address: _____

Telephone Number: _____

If in Care Facility, Contact Person & Title: _____

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

Is the Respondent married? Yes ___ No ___

Full Name of Respondent's spouse: _____

Address: _____

Telephone Number: _____

Age: _____ Date of Birth: _____

Does the Respondent live with a domestic partner, friend or relative? Yes ___ No ___

Full Name: _____

Relationship: _____

Age: _____

Information about the ALL children, or other closest living relatives of the Respondent (for example, parents, siblings, aunt and uncles or nieces and nephews):

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Age: 18 or older ___ Under 18 years ___

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Age: 18 or older ___ Under 18 years ___

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older ____ Under 18 years _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older ____ Under 18 years _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older ____ Under 18 years _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older ____ Under 18 years _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older ____ Under 18 years _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older ____ Under 18 years _____

(if more space is needed, add information on the back of this page)

Has there been a guardian or conservator for the person before? Yes ___ No ___

Is there a Health Care Representative: Yes ___ No___

If Yes, whom is appointed: _____

Is there a power of attorney: Yes ___ No___

If Yes, whom is appointed: _____

Is there a Trustee for the Respondent: Yes ___ No___

If Yes, whom is appointed: _____

Is there a Will for the Respondent: Yes ___ No___

If Yes, whom is appointed as Personal Representative: _____

*Please provide the Lawyer with copies of any of the above-referenced estate planning documents of the Respondent, if readily available. Not a requirement if unavailable.

Is there a financial manager for the Respondent: Yes ___ No___

If Yes, whom: _____

Does the Respondent have an attorney: Yes ___ No___

If Yes, please provide name and address: _____

Treating Physician for Respondent:

Name of Physician: _____

Address: _____

Telephone Number: _____

Is any Doctor or Advisor recommending the Respondent be placed for treatment outside the home: Yes ___ No___

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): _____

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 ___

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

Does the Respondent need to be placed in a facility? Yes ___ No ___

If Yes, what type: _____

Should there be any limited on the authority of the proposed Guardian and/or Conservator? Yes ___ No ___

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 ___

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

Brokerage Accounts, Retirement Plans/IRAs, and/or Annuities: Yes ___ No ___

Will any real property belonging to the Respondent need to be sold in order to fund care for the Respondent: Yes ___ No ___

Does the Respondent have any assets that are held jointly with another person: Yes ___ No ___

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 ___

If Yes, please explain: _____

Does the proposed Guardian and/or Conservator receive money from the Respondent regularly: Yes ___ No ___

If Yes, please explain: _____

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

Name: _____

Age: _____ Date of Birth: _____

Address: _____

Telephone Number: _____

Relationship to Respondent: _____

Who is the Proposed Guardian:

Name: _____

Age: _____ Date of Birth: _____

Address: _____

Telephone Number: _____

Relationship to Respondent: _____

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

Yes ___ No___

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: _____

Age: _____ Date of Birth: _____

Address: _____

Telephone Number: _____

Relationship to Respondent: _____

Is the Proposed Conservator being paid to provide services to the Respondent:
Yes ___ No ___

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 note that the Court will require a Surety Bond in equal value to the Respondent's estate. Are there any other reasons the proposed Conservator may not qualify for a Surety Bond?
Yes ___ No ___

If Yes, please explain: _____

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: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older ____ Under 18 years _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older ____ Under 18 years _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older ____ Under 18 years _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older ____ Under 18 years _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older ____ Under 18 years _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older ____ Under 18 years _____

COSTS:

Circuit Court Filing Fee for Guardianship:	\$124.00
Circuit Court Filing Fee for Conservatorship:	\$281.00*
Court Visitor Fee (when seeking Guardianship):	\$400.00
Personal Service Fee:	\$45.00+

Additionally, **ATTORNEY FEES** are billed at an hourly rate.

*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 costs, there will be annual expenses for the estate accounting for the Conservatorship. These include Court costs ranging from \$35.00-\$1,176.00 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