

Guardian/Conservator
Questionnaire

1. Ward's Information (person who needs assistance):

Name: _____

Address: _____

Contact Phone Number: _____

Social Security Number: _____

Date of Birth: _____

Where is Ward during the day (court investigator must interview person)

Is the Ward married? YES / NO

Was Ward ever in the military? YES / NO

2. Petitioner (the person or entity that wants to be the guardian or conservator)
Information:

Name: _____

Address: _____

Contact Phone Number: _____

E-mail Address: _____

Social Security Number: _____

Date of Birth: _____

Passport Number: _____

Driver's License Number: _____ Expiration Date: _____

Ethnicity: _____

Height: _____

Weight: _____

Color of Hair: _____

Color of Eyes: _____

Relationship to Ward: _____

3. Co-Petitioner Information:

Name: _____

Address: _____

Contact Phone Number: _____

Social Security Number: _____

Date of Birth: _____

Passport Number: _____

Driver's License Number: _____ Expiration Date _____

Ethnicity: _____

Height: _____

Weight: _____

Color of Hair: _____

Color of Eyes: _____

Relationship to Ward: _____

4. Person's Entitled to Notice:

Person with principal care and custody of ward during 60 days prior to filing of the petition:

Name: _____

Address: _____

Contact Phone Number: _____

All living Parents (if parents not living and no children, then list siblings) of Ward:

Name: _____

Address: _____

Contact Phone Number: _____

All children of the Ward:

Name: _____

Address: _____

Contact Phone Number: _____

Name: _____

Address: _____

Contact Phone Number: _____

5. No Guardian or Conservator has been appointed by Will or Court Order
_____.

--	--	--

\$_____ Annual income in the approximate amount.

Sources (i.e., Social Security, Retirement, etc)--please list source and amount:

9. Reasons to choose Conservator (check all that apply):

_____ Nominated by Ward who is 14 years or older and has sufficient mental capacity to make an intelligent choice

_____ Spouse of the Ward

_____ Parent of Ward

_____ Person selected by Will of a deceased parent

_____ Relative with whom the Ward has lived for more than 5 months prior to filing the petition

_____ Selected by the person caring for the ward or paying benefits for the ward

10. Explain the medical and/or psychological condition of the Ward that leads you to believe a guardianship is needed:

If there are any estate planning documents (Will, Powers of Attorney, Trust, etc.), please provide copies.