| CLIENT: | |
|--|---|
| Address: | Phone |
| | Email: |
| | person who may need a guardianship and conservatorship? |
| | and Conservator? |
| If not, who do you want to be the G | uardian and Conservator? |
| RESPONDENT (person who may | need a guardian and conservator) |
| Name: | |
| Age: | Date of Birth: |
| Phone number: | Email address: |
| Address: | |
| | |
| | |
| Street address (if different): | |
| Are you planning to move them to | a new place to live (adult family home, skilled nursing facility, |
| assisted living, etc.), and if so, whe | ere? |
| | |
| Do we need to ask the court for an i | nterpreter, and if so, what language? |
| | |
| wny does the person need a guardia | an and conservator? |
| | |
| | |

| Does the person have? Durable Power of Attorney Trust If yes, please provide a copy | Will |
|---|----------------|
| RESPONDENT'S ASSETS: | |
| Real property: \$ Ban | k accounts: \$ |
| IRA, etc.:\$ Other (describe): | \$\$ |
| MONTHLY INCOME | |
| SSA: \$ SSI: \$ SSDI: \$ | Veteran: \$ |
| Pension, etc. (describe): | \$ |
| Wages (employer): | \$ |
| Other: | \$ |
| PEOPLE IMPORTANT TO THE RESPONDENT | |
| Name Relationship | |
| Address: | |
| Phone: | |
| Name Relationship | |
| Address: | |
| Phone: | |
| Name Relationship | |
| Address: | |
| Phone: | |