

GUARDIANSHIP INTAKE FORM

Please fill out and return to the office. Thank you.

Petitioner: _____

Address: _____

Phone: _____

DOB: _____ SSN: _____

Respondent: _____

Address: _____

If residing with someone, their name:

DOB: _____

SSN: _____ Relationship to Petitioner: _____

Reason for guardianship: _____

Name and addy of existing guardian or POA: _____

_____ Dated _____

Name, addy, relationship of nearest relatives: (spouse, adult children, parents, adult siblings, kin)

1. _____

2. _____

3. _____

4. _____

Real Estate

Titled

Value \$ _____ based on _____

Personal estate

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

Income \$ _____ Source: _____

\$ _____ Source: _____

\$ _____ Source: _____

Proposed Guardian: _____

Address: _____

DOB: _____ Relationship: _____

Occupation: _____