

CONFIDENTIAL GUARDIANSHIP INTAKE QUESTIONNAIRE

This form should be used as merely a guide to preparing for our initial meeting. It is not necessary that you have completed the form prior to scheduling a meeting with Kimberly

File Information (To be completed by attorney):

File Name: _____

File #: _____ Date Opened: _____

ALLEGED DISABLED PERSON:

Name: _____ DOB: _____ U.S.Citizen? _____

Address: _____

Phone Number: _____

Spouse/Partner Name: _____

Current Power of Attorney: _____

Healthcare: _____ Copy Provided? Y ___ N ___

Property: : _____ Copy Provided? Y ___ N ___

Existing Will or Trust? Y ___ N ___ Copy Provided? Y ___ N ___

Reason for seeking guardianship: _____

PROPOSED GUARDIAN:

(Required to be 18 years old, U.S. resident, of sound mind, and have not been convicted of a felony.)

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Occupation: _____

DOB: _____ Relationship: _____

Seeking (Choose One):

___ Guardian of the Estate Only ___ Guardian of the Person Only ___ Guardian of the Estate and Person

PROPOSED CO-GUARDIAN:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Occupation: _____

DOB: _____ Relationship: _____

___ Guardian of the Estate Only ___ Guardian of the Person Only ___ Guardian of the Estate and Person

Alleged Disabled Person's Nearest Living Relatives:

(Include Parents, Siblings, Spouse, and Children. If none, list closest next of kin.)

Name: _____ **Relationship:** _____

Address: _____ **Over 18 yrs?** Y ___ N ___

Name: _____ **Relationship:** _____

Address: _____ **Over 18 yrs?** Y ___ N ___

Name: _____ **Relationship:** _____

Address: _____ **Over 18 yrs?** Y ___ N ___

Name: _____ **Relationship:** _____

Address: _____ **Over 18 yrs?** Y ___ N ___

Name: _____ **Relationship:** _____

Address: _____ **Over 18 yrs?** Y ___ N ___

NAME, ADDRESS, & RELATIONSHIP OF ALL PRESENT AT INITIAL CONSULTATION: (PRINT)
(To be completed at the 1st meeting with the attorney)

ASSET AND LIABILITY SUMMARY

Enter the approximate value of the asset where applicable to indicate how title is held
and the amount, if any, owed on the item.

TYPE OF ASSET:	ALLEGED DISABLED PERSON (\$)	SPOUSE (\$)	JOINTLY (\$)	DEBT (\$)
<u>PRIMARY RESIDENCE:</u>				
<u>OTHER REAL ESTATE:</u>				
<u>CASH:</u>				
<u>TOTAL CHECKING:</u>				
<u>TOTAL SAVINGS:</u>				
<u>TOTAL MONEY MARKET:</u>				
<u>TOTAL CDs:</u>				
<u>TOTAL RETIREMENT ACCOUNTS:</u>				
<u>TOTAL MUTUAL FUNDS:</u>				
<u>TOTAL STOCKS:</u>				
<u>TOTAL BONDS (& Type)</u>				
<u>ANNUITIES:</u>				
<u>LIFE INSURANCE:</u> (Cash Value)				
<u>REFUNDABLE LTC DEPOSIT:</u>				
<u>BUSINESS INTERESTS:</u>				
<u>AUTOMOBILES:</u>				
<u>RECREATIONAL VEHICLES:</u>				
<u>HOUSEHOLD GOODS:</u>				
<u>SAFE DEPOSIT BOX:</u>				
<u>COLLECTIBLES:</u>				
<u>OTHER:</u>				
TOTALS:	\$	\$	\$	\$

MONTHLY INCOME OF ALLEGED DISABLED PERSON:

Retirement/Pension: \$
Social Security: \$
VA Disability: \$
Annuity: \$
Other: \$ Description: _____

Do you expect him/her to inherit from anyone, including a spouse? Yes or No (Please explain)

I understand that this confidential questionnaire is designed to provide The Law Office of Kimberly J. Myers with important information for purposes of advising me on matters related to guardianship and that the attorney's ability to effectively and accurately advise me depends upon the accuracy and completeness of the information that I provide. I hereby confirm that the information provided here is substantially correct and complete, and I understand that no contract for services is formed by completing this questionnaire.

SIGNATURE OF CLIENT OR REPRESENTATIVE

Date: _____

PRINT NAME

Return to:

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