

Questions Pertaining To Petitioning Party [Proposed Guardian]

Name		<i>LAST NAME</i>	
Address & home telephone number			
Petitioner's post office address if different <i>"same as above"</i>			
Social Security #			
Age			
Birthdate			
Place of birth			
Relationship to proposed ward			
Is petitioner U.S. Citizen?			
Employment history past 10 years include present employer, address and position held for each job.			
Name	Address	Dates	Reason for leaving
Present [<u>include phone # & position</u>]			

Marital status	
Name of spouse	
Length of residence in county where petition filed	
Has applicant ever served as guardian?	
Any physical disabilities? If yes describe	
Has petitioner ever been treated for:	
Mental disease?	
Alcohol?	
Drugs?	
If yes give name of treating physician, address and location of treatment center.	
Any prior charges of fraud?	
Any prior charges of perjury?	
Any prior charges of felony?	
Any prior arrests?	
Ever convicted other crimes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe and note final disposition	
Ever bonded?	
If yes describe position, date, amount of bond and name of surety:	
Ever held in contempt of court?	
Ever discharge in a fiduciary	

capacity?	
Ever filed for bankruptcy?	
Is applicant providing any professional services to proposed ward or employed by such a party or entity?	
Does applicant supply health care to proposed ward?	
Educational background of petitioner: name of high school, college, graduate school and dates of graduation.	
Has petitioner ever been discharged from employment?	
Ever in armed forces? Serial number, dates of service, and type of discharge	
Give names, addresses and telephone #s of 3 person known for 5 years as reference	
Name & Telephone	Address
Has applicant ever received training as guardian	

Why should the petitioner be appointed guardian

Questions Pertaining To Proposed Ward

Legal name of proposed ward		
Age of proposed ward		
Date of birth		
Place of birth		
Social Security #		
Language spoken by proposed ward		
Present address of proposed ward [use institutional address if this will be Wards permanent address.		
Reason petitioner believes proposed ward is incapacitated		
Names and addresses of all persons having knowledge of above		
Name	Address	Phone

Is proposed ward capable of making any decisions for herself/himself?		
Type of guardianship: Property/Person: Person only: Property only		
Nature, location and value of all property of proposed ward		
Specify nature/type of property	Location	Value

Specify All Sources of Income		
Received From	Amount	Frequency [week, month, or year]

Name and addresses of all next of kin (use separate paper if necessary)		
Name & phone	Address	Relationship

Name, address, and telephone # of physician(s)		
Name	Address	Phone

Estate Planning Documents of Ward	
Last Will and Testament:	Location: Date: Personal Representative: Alternate Personal Representative: Beneficiary(s):
Durable Power of Attorney:	Location: Date: Attorney in Fact:
Living Will & Health Care Surrogate:	Location: Date: Health Care Surrogate: Alternate Health Care Surrogate: