

Guardianship/Conservatorship Intake Form

Do you, the Respondent, or any participant need an interpreter at a hearing in this case?

☐ No.

☐ Yes.

- If yes, fill out the chart for each person needing an interpreter:

Name	What language?

Information about Petitioner/Client

1. Petitioner's Name and Contact Information

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

Telephone number: _____

Email address: _____ or ☐ None

2. Why do you want to take on the responsibility to be Guardian/Conservator? _____

3. What is your relationship to the Respondent?

☐ Family – describe: _____

☐ Friend – describe: _____

☐ Other – describe: _____

Information about Respondent – Person Needing Guardianship/Conservatorship

4. Respondent's Full Name, Date of Birth, and Primary Language

a. Respondent's Full Name.

First Name: _____

Middle Name: _____
Last Name: _____

b. What name does Respondent usually go by? _____

c. Respondent's Date of Birth: _____

d. Respondent's Primary Language: ☐ English **or** ☐ Other: _____

5. Respondent's Address and Contact Information

a. Respondent's Telephone Number: _____

b. Respondent's Home Address: _____
City/State/Zip: _____

c. What type of residence is this? Check all that apply:

☐ Private home (for example, a house or apartment).

☐ Group home:

What is the name of agency or company operating the group home? _____

What is the name of the administrator of the group home? _____

☐ Assisted living facility:

What is the name of agency or company operating the assisted living facility?

What is the name of the administrator of the assisted living facility? _____

☐ Nursing home:

What is the name of agency or company operating the nursing home? _____

What is the name of the administrator of the nursing home? _____

☐ Other: _____

NOTE: The Respondent's "home address" is their principal address (where they usually live). Answer the questions below to let the Court know if the

Respondent is currently in a different, temporary, location (such as a hospital, nursing home, acute care center, etc.).

d. Is Respondent currently staying at their home address listed above? ☐ Yes. ☐ No.

- If no, list the address where Respondent is temporarily staying:

Name of Facility: _____

Administrator's Name: _____

Address: _____

City, State, Zip: _____

Type of Facility or Residence: _____

Information about People Interested in Respondent
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6. Is the Respondent **married**?

☐ **No**, the Respondent is not married.

Has Respondent lived with an adult for more than 6 months before the filing of this *Petition*?

☐ No (Respondent has not lived with another adult for more than 6 months before the filing of this *Petition*).

☐ Yes. Respondent lived with the following adult:

Name: _____

Address: _____

City/State/Zip: _____

Or

☐ **Yes**, the Respondent is married.

Name of Respondent's Spouse: _____

Street Address: _____

City/State/Zip: _____

7. **Respondent's Relatives.**

a. Does Respondent have any **adult children or stepchildren**?

☐ No.

☐ Yes.

- If yes, list the names and addresses of the Respondent's adult children and stepchildren:

Name: _____

Address: _____

City/State/Zip: _____

Relationship: ☐ Adult child ☐ Adult stepchild

Name: _____

Address: _____

City/State/Zip: _____

Relationship: ☐ Adult child ☐ Adult stepchild

Name: _____

Address: _____

City/State/Zip: _____

Relationship: ☐ Adult child ☐ Adult stepchild

b. There are two main questions in #7(b) – and each asks for follow-up information.

Question: Does Respondent have a parent who is still living? ☐ No ☐ Yes

- If yes, list the names and addresses of the Respondent's living parents:

Parent: _____

Address: _____

City/State/Zip: _____

Parent: _____

Address: _____

City/State/Zip: _____

Question: Does Respondent have any adult siblings? ☐ No ☐ Yes

- If yes, list the names and addresses of the Respondent's adult siblings:

Name of adult sibling: _____

Address: _____

City/State/Zip: _____

Name of adult sibling: _____

Address: _____

City/State/Zip: _____

Name of adult sibling: _____

Address: _____

City/State/Zip: _____

- c. List the name and address of the Respondent's closest relative who can be found.

Name: _____

Address: _____

City/State/Zip: _____

Relationship: _____

8. Respondent's **Current Legal Representatives** (if any).

- If the answer to any of the following is "yes," give the name and address of the legal representative.

- a. Does Respondent have a **court-appointed guardian**?

☐ Unknown.

☐ No.

☐ Yes:

Name of Respondent's court-appointed guardian: _____

Court-appointed guardian's address: _____

City/State/Zip: _____

Court File Number: _____

- If the court order is from someplace other than Minnesota, include a copy of the order with this *Petition*.

- b. Does Respondent have a **court-appointed conservator**?

☐ Unknown.

☐ No.

☐ Yes:

Name of Respondent's court-appointed conservator: _____

Court-appointed conservator's address: _____

City/State/Zip: _____

Court File Number: _____

- If the court order is from someplace other than Minnesota, include a copy of the order with this *Petition*.

c. Does Respondent have a **representative payee** (sometimes called a “rep payee”)?

☐ Unknown.

☐ No.

☐ Yes:

Name of rep payee: _____

Rep payee’s address: _____

City/State/Zip: _____

d. Does Respondent have a **trustee** or a **custodian of a trust or custodianship**?

☐ Unknown.

☐ No.

☐ Yes:

Name of trustee or custodian: _____

Trustee or custodian’s address: _____

City/State/Zip: _____

e. Does the Respondent have an **attorney-in-fact** appointed through a “Power of Attorney”?

☐ Unknown.

☐ No.

☐ Yes:

Name of attorney-in-fact: _____

Attorney-in-fact’s address: _____

City/State/Zip: _____

f. Does the Respondent have any **other legal representative**?

☐ Unknown.

☐ No.

☐ Yes:

Name of Respondent’s legal representative: _____

Legal representative’s address: _____

City/State/Zip: _____

How is this person a legal representative for Respondent? _____

Less Restrictive Means

- Minnesota law says that a judicial officer cannot appoint a guardian or conservator UNLESS the Respondent's identified needs cannot be met by less restrictive means. In this *Petition*, you must tell which less restrictive means have been considered, which have been attempted (and for how long), and how these less restrictive means were not sufficient to meet the Respondent's identified needs.

9. Less Restrictive Means.

a. Appropriate technological assistance:

Describe: _____

Was the use of technological assistance attempted?

☐ **Yes:**

How long was technological assistance attempted? _____

Why wasn't the use of technological assistance sufficient to meet the Respondent's needs? _____

or

☐ **No.** The use of technological assistance was not attempted because:

b. Supported decision making:

Describe: _____

Was the use of supported decision making attempted?

☐ **Yes:**

How long was supported decision making attempted? _____

Why wasn't the use of supported decision making sufficient to meet the Respondent's needs? _____

or

☐ **No.** The use of supported decision making was not attempted because:

c. Community or residential services:

Describe: _____

Was the use of community or residential services attempted?

☐ **Yes:**

How long was the use of community or residential services attempted?

Why wasn't the use of community or residential services sufficient to meet the Respondent's needs? _____

or

☐ **No.** The use of community or residential services was not attempted because:

d. Appointment of a health care agent under Minn. Stat. § 145C.01, subd. 2:

Describe: _____

Was the use of an appointed health care agent attempted?

☐ **Yes:**

How long was the use of an appointed health care agent attempted?

Why wasn't the use of an appointed health care agent sufficient to meet the Respondent's needs? _____

or

☐ **No.** The use of an appointed health care agent was not attempted because:

e. Representative payee (also called "rep payee"):

Describe: _____

Was the use of a representative payee attempted?

☐ **Yes:**

How long was the use of a representative payee attempted? _____

Why wasn't the use of a representative payee sufficient to meet the Respondent's needs? _____

or

☐ **No.** The use of a representative payee was not attempted because:

f. Trusts:

Describe: _____

Was the use of trusts attempted?

☐ **Yes:**

How long was the use of trusts attempted? _____

Why wasn't the use of trusts sufficient to meet the Respondent's needs?

or

☐ **No.** The use of trusts was not attempted because: _____

g. Banking or bill-paying assistance:

Describe: _____

Was the use of banking or bill-paying assistance attempted?

☐ **Yes:**

How long was the use of banking or bill-paying assistance attempted?

Why wasn't the use of banking or bill-paying assistance sufficient to meet the Respondent's needs? _____

or

☐ **No.** The use of banking or bill-paying assistance was not attempted because:

h. Appointment of an attorney-in-fact under Minn. Stat. § 523.01:

Describe: _____

Was the use of an appointed attorney-in-fact attempted?

☐ **Yes:**

How long was the use of an appointed attorney-in-fact attempted?

Why wasn't the use of an appointed attorney-in-fact sufficient to meet the Respondent's needs? _____

or

☐ **No.** The use of an appointed attorney-in-fact was not attempted because:

i. **Protective arrangement** under Minn. Stat. § 524.5-412:

Describe: _____

Was the use of a protective arrangement attempted?

☐ **Yes:**

How long was the use of a protective arrangement attempted? _____

Why wasn't the use of a protective arrangement sufficient to meet the Respondent's needs? _____

or

☐ **No.** The use of a protective arrangement was not attempted because:

j. **Other less restrictive means considered or attempted:**

Type of Less Restrictive Means Considered or Attempted: _____

Why wasn't this sufficient to meet the Respondent's needs? _____

Type of Less Restrictive Means Considered or Attempted: _____

Why wasn't this sufficient to meet the Respondent's needs? _____

Type of Less Restrictive Means Considered or Attempted: _____

Why wasn't this sufficient to meet the Respondent's needs? _____

Nominations

10. Respondent's nominations. Has the Respondent nominated or named anyone to be their guardian and/or conservator? ☐ Yes ☐ No

- If Yes, list the name, address, and phone number of each person nominated (named) by Respondent to be their guardian and/or conservator:

Name of Respondent's Nominee: _____
☐ Guardian ☐ Conservator

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____

Name of Respondent's Nominee: _____
☐ Guardian ☐ Conservator

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____

Name of Respondent's Nominee: _____
☐ Guardian ☐ Conservator

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____

11. Is the Respondent a person with developmental disabilities or dependent and neglected ward of the Commissioner of Human Services? ☐ Yes ☐ No

12. Is the Respondent under the temporary custody of the Commissioner of Human Services? ☐ Yes ☐ No

Respondent's Income and Assets

13. Respondent's Income and Assets.

- Give details about Respondent's assets and income (write "none" if Respondent does not own a particular asset or have that type of income):

Asset or Income	Value or Amount	Details
Homestead		
Other real estate		
Money (cash on hand or in accounts)		
Investments		
Personal property		
Insurance		
Pension or retirement		
Income		
Other		

Information about the Proposed Guardian
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14. Proposed **Guardian's** Name and Contact Information

Is the proposed Guardian also the Petitioner (listed in #1)? ☐ Yes ☐ No

- If No, give the following information about the proposed Guardian:

Name: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____ or ☐ None

15. Who nominated this proposed **Guardian**? (Check all that apply)

☐ Respondent

☐ Respondent's parent

☐ Respondent's spouse

☐ Proposed Guardian (self-nominated)

☐ Other: _____

16. Was the proposed **Guardian** previously appointed as Guardian of the Respondent by a court order?

☐ Yes (list the Court File Number: _____)

☐ No

17. Why is the proposed **Guardian** the most suitable and best qualified among those available and willing to serve as guardian?

18. Does the proposed **Guardian** provide any of the following to the Respondent **for a fee**?

Residence: ☐ Yes ☐ No

Custodial care: ☐ Yes ☐ No

Medical care: ☐ Yes ☐ No

Employment training: ☐ Yes ☐ No

Any other care or services: ☐ Yes ☐ No

If Yes to any of the above, is the proposed **Guardian** related to Respondent by blood, marriage, or adoption? ☐ Yes ☐ No

19. Are you asking that the Court appoint more than 1 guardian (the other proposed guardians would be called "co-guardians")? ☐ Yes ☐ No

Reasons Why a Guardianship Is Needed

20. Describe Respondent's conditions, impairments, and/or behaviors that affect Respondent's ability to understand, communicate, and meet their personal needs.

21. How will a guardianship help the Respondent?

Powers of the Guardian – Minn. Stat. § 524.5-313

- The Court will grant to a guardian only those powers necessary to meet the Respondent's demonstrated needs.

22. What powers are needed for a Guardian to protect and supervise the Respondent? Choose "a" or "b."

- a. ☐ **Limited Powers to Guardian.** The Court should grant to the Guardian the power and duty to exercise the following rights and powers under Minn. Stat. § 524.5-313(c):
- Check the boxes to tell the Court which powers and duties Petitioner is asking the Court to grant to the Guardian:
- ☐ (a) Have custody and establish the place of abode of the person subject to guardianship within or outside Minnesota, pursuant to Minn. Stat. § 524.5-313(c)(1).
- ☐ (b) Provide for the care, comfort, and maintenance needs of the person subject to guardianship, pursuant to Minn. Stat. § 524.5-313(c)(2).
- ☐ (c) Take reasonable care of the clothing, furniture, vehicles, and other personal effects of the person subject to guardianship, pursuant to Minn. Stat. § 524.5-313(c)(3).
- ☐ (d) Give any necessary consent to enable, or to withhold consent for, the person subject to guardianship to receive necessary medical or other professional care, counsel, treatment, or service, pursuant to Minn. Stat. § 524.5-313(c)(4).

- ☐ (e) Approve or withhold approval of any contract, except for necessities, which the person subject to guardianship may make or wish to make (***only given if no conservator is appointed***), pursuant to Minn. Stat. § 524.5-313(c)(5).
- ☐ (f) Exercise supervisory authority over the person subject to guardianship, but may not restrict the ability of the person subject to guardianship to communicate, visit, or interact with others, including receiving visitors or making or receiving telephone calls, personal mail, or electronic communications including through social media, or participating in social activities, unless the guardian has good cause to believe the restriction is necessary to prevent significant physical, psychological, or financial harm to the person subject to guardianship, pursuant to Minn. Stat. § 524.5-313(c)(6).
- ☐ (g) Apply on behalf of the person subject to guardianship for any assistance, services, or benefits available to the person subject to guardianship through any unit of government (***only given if no conservator is appointed***), pursuant to Minn. Stat. § 524.5-313(c)(7).
- ☐ (h) Establish an ABLE (Achieving a Better Life Experience) account for the person subject to guardianship, pursuant to Minn. Stat. § 524.5-313(c)(9).
- ☐ (i) Start a lawsuit on behalf of and represent the person in all civil proceedings (***only given if no conservator is appointed***), pursuant to Minn. Stat. § 524.5-313(c)(10).
- ☐ (j) Other: _____

Or

- b. ☐ **All Powers to Guardian.** The Court should grant to the Guardian the power and duty to exercise all rights and powers under Minn. Stat. § 524.5-313(c) on behalf of the Respondent. **Explain why the Court should not limit the Guardian's powers:**

23. Does the Respondent appear to understand the nature and effect of voting?

- ☐ Yes, and the Respondent should maintain the right to vote.
- ☐ No, and the Court should determine Respondent's capacity to vote.

Information about the Proposed CONSERVATOR

24. Proposed **Conservator's** Name and Contact Information

Is the proposed Conservator also the Petitioner (listed in #1)? ☐ Yes ☐ No

Is the proposed Conservator also the proposed Guardian (listed in #14)? ☐ Yes ☐ No

- If No to both questions, give the following information about the proposed Conservator:

Name: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____ or ☐ None

25. Who nominated this proposed **Conservator**? (Check all that apply)

☐ Respondent

☐ Respondent's parent

☐ Respondent's spouse

☐ Proposed Conservator (self-nominated)

☐ Other: _____

26. Was the proposed **Conservator** previously appointed as Conservator of the Respondent by a court order?

☐ Yes (list the Court File Number: _____)

☐ No

27. Why is the proposed **Conservator** the most suitable and best qualified among those available and willing to serve as conservator?

28. Does the proposed **Conservator** provide any of the following to the Respondent **for a fee**?

Residence: ☐ Yes ☐ No

Custodial care: ☐ Yes ☐ No

Medical care: ☐ Yes ☐ No

Employment training: ☐ Yes ☐ No

Any other care or services: ☐ Yes ☐ No

If Yes to any of the above, is the proposed **Conservator** related to Respondent by blood, marriage, or adoption? ☐ Yes ☐ No

29. Are you asking that the Court appoint more than 1 conservator (the other proposed conservators would be called "co-conservators")? ☐ Yes ☐ No

Reasons Why a Conservatorship Is Needed
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30. Describe Respondent's alleged impairments that affect Respondent's ability to receive and evaluate information: _____

31. How will a conservatorship help the Respondent, and why is a conservatorship in the Respondent's best interest? _____

Powers of the Conservator – Minn. Stat. § 524.5-417
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32. What powers are needed for a Conservator to protect and supervise the Respondent's estate?

- a. ☐ **Limited Powers to Conservator.** The Court should grant to the Conservator the power and duty to exercise the following rights and powers under Minn. Stat. § 524.5-417(c) and Minn. Stat. § 524.5-418 subject to the procedures and Court approval set forth in statute.

- Check the boxes to tell the Court which powers and duties Petitioner is asking the Court to grant to the Conservator:

- ☐ (a) Pay reasonable charges for the support, maintenance, and education of the person subject to conservatorship in a manner suitable to their station in life and the value of their estate, pursuant to Minn. Stat. § 524.5-417(c)(1).
- ☐ (b) Pay out of the estate of the person subject to conservatorship all lawful debts of the person subject to conservatorship, and the reasonable charges incurred for the support, maintenance, and education of the spouse and dependent children (if any) of the person subject to conservatorship, pursuant to Minn. Stat. § 524.5-417(c)(2).
- ☐ (c) Possess and manage the estate of the person subject to conservatorship, collect all debts and claims in favor of the person subject to conservatorship, or with the approval of the court compromise them, institute suit on behalf of and represent the person subject to conservatorship in all civil court proceedings; and invest all funds not currently needed for debts, charges, and management of the estate in accordance with the provisions of Minn. Stat. §§ 48A.07, subd. 6, 501C.0901, and 524.5-423, or as otherwise ordered by the court, pursuant to Minn. Stat. § 524.5-417(c)(3).
- ☐ (d) Exchange or sell an undivided interest in real estate that the Respondent inherited, or purchase, on behalf of the person subject to conservatorship, interest other heirs may have in the real estate, pursuant to Minn. Stat. § 524.5-417(c)(4) subject to the procedures and Court approval set forth in Minn. Stat. § 524.5-418.

- ☐ (e) Sell, mortgage, or lease real estate subject to the procedures and Court approval set forth in Minn. Stat. § 524.5-418.
- ☐ (f) Approve or withhold approval of any contract, except for necessities, which the person subject to conservatorship may make or wish to make, pursuant to Minn. Stat. § 524.5-417(c)(5).
- ☐ (g) Apply on behalf of the person subject to conservatorship for any assistance, services, or benefits available to the person subject to conservatorship through any unit of government, pursuant to Minn. Stat. § 524.5-417(c)(6).
- ☐ (h) Establish and exercise all powers over an ABLE (Achieving a Better Life Experience) account for the benefit of the person subject to conservatorship, pursuant to Minn. Stat. § 524.5-417(c)(7).
- ☐ (i) Other: _____

Or

- b. ☐ **All Powers to Conservator.** The Court should grant to the Conservator the power and duty to exercise all rights and powers on behalf of the Respondent under Minn. Stat. § 524.5-417(c) and Minn. Stat. § 524.5-418 subject to the procedures and Court approval set forth in that statute. **Explain why the Court should not limit the Conservator's powers:**

Additional Information about the Proposed Guardian and Proposed Conservator
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33. Have the proposed **Guardian** and the proposed **Conservator** ever been removed for cause from serving as a guardian or conservator?

☐ No.

Or

☐ Yes, _____ (name) has been removed for cause from serving as a guardian or conservator. These are the details of the case:

Location: _____

Court File Number: _____

34. How much do the proposed **Guardian** and the proposed **Conservator** anticipate charging for the performance of their guardian and conservator services?

_____ (name) anticipates charging:

\$ _____

☐ hourly

☐ monthly

☐ flat rate

☐ other: _____

35. Is the proposed **Guardian** or the proposed **Conservator** a professional guardian or conservator? ☐ No ☐ Yes

If Yes:

a. _____ (name) is a: (Check all that apply)

☐ Professional guardian

☐ Professional conservator

b. Give a summary of this person's educational background, relevant work experience, and other experience: _____

c. What is the professional's current customary rate per hour? \$ _____

36. Has the proposed **Guardian** or proposed **Conservator** applied for or held any professional licenses? ☐ No ☐ Yes

If yes, describe the professional licenses applied for or held:

Name of Person	Type of License	Agency	License Number	Status (for example: active, expired, suspended, etc.)

If the status of any license has been denied, conditioned, suspended, revoked, or cancelled, explain why: _____

37. Has the proposed **Guardian** or proposed **Conservator** been found civilly liable in an action involving fraud, misrepresentation, material omission, misappropriation, theft, or conversion?

☐ No

Or

☐ Yes, _____ (name) has been found civilly liable in an action involving fraud, misrepresentation, material omission, misappropriation, theft, or conversion.) These are the details of the case:

Court location: _____

Court File Number: _____

38. Has the proposed **Guardian** or proposed **Conservator** filed or received protection under the bankruptcy laws in the last 5 years?

☐ No

Or

☐ Yes, _____ (name) has filed or has received protection under the bankruptcy laws in the last 5 years. These are the details of the case:

Court location: _____

Court File Number: _____

39. Does the proposed **Guardian** or proposed **Conservator** have any outstanding civil monetary judgments against them?

☐ No

Or

☐ Yes, _____ (name) has outstanding civil monetary judgments against them. These are the details of the case:

Court location: _____

Court File Number: _____

40. Is an Order for Protection (OFP) or Harassment Restraining Order (HRO) in effect (or has one been in effect) against the proposed **Guardian** or proposed **Conservator**?

☐ No

Or

- ☐ Yes, _____ (name), currently has, or has had, an order for protection or harassment restraining order issued against them.

Court location: _____

Court File Number: _____

41. Has the proposed **Guardian** or proposed **Conservator** been convicted of a gross misdemeanor or felony crime?

☐ No

Or

- ☐ Yes, _____ (name) has been convicted of a gross misdemeanor or felony crime. These are the details of the case:

Name of Crime or Offense: _____

Court location: _____

Court File Number: _____

- **NOTE:** Do not include petty misdemeanors or traffic offenses.