

ADULT GUARDIAN QUESTIONNAIRE

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Please fill out the information in this form to the best of your ability. It will help us prepare the guardianship forms for you.

A. INFORMATION ABOUT THE PERSON WHO NEEDS A GUARDIAN:

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____ Age: _____

Current Location: _____

County: _____

If in a hospital or care facility, when admitted: _____

Your relationship to the person: _____

Information about the person's spouse: [Check here if the person is not married: _____]

Name: _____

Address: _____

Telephone: _____

Age: 18 or older _____ Under 18 years _____

If the person lives with a domestic partner, friend, or relative, information about him or her:

Name: _____

Relationship: _____

Age: 18 or older _____ Under 18 years _____

B. INFORMATION ABOUT PROPOSED GUARDIAN:

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____ Age: _____

Relationship to proposed Guardian: _____

C. INFORMATION ABOUT PROPOSED CO-GUARDIAN (if applicable):

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____ Age: _____

Relationship to proposed Guardian: _____

Have the proposed Guardian(s) ever filed bankruptcy? _____ If so, when? _____ Where?

E. Have you ever been convicted of a crime? _____ If so, what was the nature of it? _____

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- D. Information about the children or other closest living relatives of the person [For example, parents, brothers and sisters, or, in the alternative, aunts and uncles, or nieces and nephews]:

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older _____ Under 18 years _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older _____ Under 18 years _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older _____ Under 18 years _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older _____ Under 18 years _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older _____ Under 18 years _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Age: 18 or older _____ Under 18 years _____

(If more space is needed, add information on the back of this page)

Has there been a guardian or conservator for the person before? Yes___ No___

Has the person ever signed a power of attorney, advance directive for health care, trust or other document naming someone to make financial, medical or personal decisions? Yes___ No___

Who was named to make decisions? (If more than one person, add information on the back of this page)

Name: _____
Address: _____
Telephone: _____
Relationship: _____
Type of document or decision maker: _____

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E. Information about the person's current doctors(s): (If more than one, add information on the back of this page or add into an email to People Paralegal)

Name: _____

Address: _____

Telephone: _____

Briefly describe the person's physical and mental condition and diagnosis: _____

Does the person need help making medical and health care decisions? Yes___ No___

Does the person need help to take care of basic physical needs like food, shelter, clothing and personal cleanliness? Yes___ No___

Does the person need to stay in a care facility, or be moved to a care facility? Yes___ No___

If yes, please give examples showing why the person needs to be in a care facility: _____

Does the person need help to respond to other problems? Yes___ No___

What other kinds of help and services have been tried in the past year? [For example, help with housekeeping or bathing; someone setting up the medication or balancing the checkbook; medical or mental health treatment] _____

Does the person need help making decisions about finances and property? Yes___ No___

Who else has personal experience with the situations you described? [For example, caregivers, case managers, other family members, friends and neighbors]

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Is there an immediate, life-threatening problem? Yes___ No___

If yes, what is the harm that will come to the person if there is not an emergency guardianship or conservatorship? _____

Is the Ward currently receiving money paid or payable by the United States through the Social Security Administration under the "SSI" program? Yes No

If yes, how much monthly does the Ward receive?