

PRIVATE FIDUCIARY SERVICES
REFERRAL FOR GUARDIANSHIP

REFERRAL: PERSONAL INFORMATION

Name: _____

Current Address (include facility): _____

Social Security Number: _____ Date of Birth: _____

Age: _____ Current Diagnosis: (List all): _____

REFERRING SOURCE: CONTACT INFORMATION

Name: _____

Organization: _____

Address: _____

Telephone: _____ Cell phone: _____ pager _____

E-mail: _____ Fax: _____

LEGAL

_____ Previously adjudicated incapacitated (if so, attach copy of legal papers including medical assessments leading to adjudication, or specify county where legal papers are filed)

Current Guardian, if any: _____

_____ Year established: _____

_____ Petition has or will be filed to adjudicate individual incapacitated

_____ Is there a Power of Attorney, Durable Power of Attorney, Health Care Surrogate or Proxy, Medical Proxy or other guardianship alternative in place? If so please circle or list.

Person Referred Needs:

Guardian of Property _____ If yes explain why

Guardian of the Person _____ If yes, explain why

Have you told the client in terms that are understandable to him or her that you have initiated a referral for guardianship? _____

SOCIAL

Relatives and friends: (Information is required by the court)

Name/Address	Relationship	Willing To be Guardian?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Summary of contact with family over period you have been involved: _____

List the name, address and phone number of persons who have personal knowledge of this person's disabilities and need for guardianship:

Other Assets

Real Estate _____ **Property Value**

_____ **Property Value**

_____ **Property Value**

Personal Property _____ **Property Value**

_____ **Property Value**

_____ **Property Value**

Trusts where is a Named Beneficiary _____

Trustee Contact Information _____

Automobiles _____ **Value** _____

_____ **Value** _____

Insurance Policies _____ **Value** _____

_____ **Value** _____

Safe Deposit Box _____ **Location** _____

Other _____

ASSESSMENT

Describe client's problems which lead you to believe the client cannot manage or make decisions concerning his or her person and/or property (Do not simply state diagnosis, describe in specific functional terms):

Are there special problems this person has that will require immediate action or attention, including, immediate medical needs, financial management? (Specify):

Will this individual require placement? (Specify needs and suggested or arranged placement.)

What specific action, both short and long term, should be taken on this client's behalf?

For office use only:

Disability, check all that apply

X Mental Illness

- Developmental Disability
- Elderly
- Other _____

X Accepted Not accepted

- Activity within 5 days No activity within 5 days

Appointment date _____

- Qualified friend or relative found to serve as guardian
 - petition filed