

GUARDIANSHIP AND/OR CONSERVATORSHIP QUESTIONNAIRE

NOTE: As you will see, this questionnaire is extremely detailed. By state law, there is certain information that we must collect in order to properly prepare the guardianship/conservatorship petition. Therefore, please provide all of the details requested. The more detail we have, the more efficient we can be in serving you and caring for the individual in need. Please call our office with questions as you are completing this questionnaire.

HELPFUL DEFINITIONS/TERMS:

1. **Petitioner**—This is the person or persons asking the Court to appoint a guardian/conservator for the person in need (the Ward). Preferably, there will be two (2) Petitioners.
2. **Ward**—This is the person who is incapacitated, disabled, or otherwise in need of a guardian/conservator.
3. **Guardian**—This is the person to be appointed by the Probate Court to take care of the physical needs, living arrangements, and medical needs of the Ward. This person may or may not be the Petitioner.
4. **Conservator**—This is the person to be appointed by the Probate Court to take care of the financial assets of the Ward. This person may or may not be the Petitioner.
5. **Interested Party(ies)**—This is the person(s) entitled to notice of the filing of the Petition.

PETITIONER'S INFORMATION

FIRST PETITIONER'S INFORMATION	
Full Legal Name (First, Middle, Last)	
Home Address Street, City, State, Zip Code	
County of Residence	
Email Address	
Contact Numbers	(O)
	(H)
	(C)
Date of Birth	
Are you a Georgia Resident?	
What is your relation to Proposed Ward?	

SECOND PETITIONER'S INFORMATION

Full Legal Name (First, Middle, Last)		
Home Address Street, City, State, Zip Code		
County of Residence		
Email Address		
Contact Numbers	(O)	
	(H)	
	(C)	
Date of Birth		
Are you a Georgia Resident?		
What is your relation to the Proposed Ward?		

PROPOSED WARD'S INFORMATION

Full Legal Name (First, Middle, Last):	
Preferred/Called Name:	
Date of Birth:	
Social Security Number:	
Is the Ward a US Citizen? If not, name the country of citizenship.	
Home Address Street, City, State, Zip Code	
County of Residence	
Is the Ward a Georgia Resident?	
Is the Ward currently in a facility (nursing, assisted living, group home, etc.)?	

If Ward is currently in a facility, provide information to the right:	Name of Facility:	
	Address of Facility:	
	County of Facility:	
	Contact at Facility:	
	Telephone of Facility:	
Is a move to an alternate facility anticipated? If "yes", how soon?		
Contact Numbers	(O)	
	(H)	
	(C)	
What is your relation to the Proposed Ward?		

INTERESTED PARTIES

Spouse of Proposed Ward (if Ward is Married)

Spouse's Full Legal Name	Date of Birth / Age	Address (Include Street & City/State/Zip Code)	Spouse's Telephone (O),(H),(C)

Adult Children of Proposed Ward (if any)

	Full Legal Name	Date of Birth / Age	Address (Include Street & City/State/Zip Code)	Telephone No. (O),(H),(C)
1.				
2.				
3.				
4.				
5.				

Parents of Proposed Ward (Only list if no adult children)

	Full Legal Name	Date of Birth / Age	Address (Include Street & City/State/Zip Code)	Telephone No. (O),(H),(C)
Parent 1				
Parent 2				

If there are no family members in the categories above, list 2 friends of the proposed ward.

	Full Legal Name	Date of Birth / Age	Address (Include Street & City/State/Zip Code)	Telephone No. (O),(H),(C)
1.				
2.				

EXISTING NOMINATIONS

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Does the proposed Ward have a current health care directive, living will, durable power of attorney for health care naming a person to make health care related decisions for him/her? Yes ____ No ____

IF YES, PLEASE PROVIDE US WITH A COPY OF THE DOCUMENT AND THE FOLLOWING INFORMATION REGARDING SUCH AGENTS.

Full Legal Name	Address (Include Street & City/State/Zip Code)	Telephone No. (O),(H),(C)

2. Has the proposed Ward, his/her spouse, adult child, or a parent nominated in writing any person to serve as Guardian of the proposed Ward? Yes ____ No ____

IF YES, PLEASE PROVIDE US WITH A COPY OF THE DOCUMENT(S) AND THE FOLLOWING REGARDING SUCH NOMINATED PERSON(S).

Full Legal Name	Address (Include Street & City/State/Zip Code)	Telephone No. (O),(H),(C)

3. Does the proposed Ward have a current power of attorney, trust, or other instrument that deals with the management of the property of the proposed Ward in the event of incapacity? Yes ____ No ____

IF YES, PLEASE PROVIDE US WITH A COPY OF THE DOCUMENT(S) AND THE FOLLOWING.

Full Legal Name	Address (Include Street & City/State/Zip Code)	Telephone No. (O),(H),(C)

4. Has the proposed Ward, his/her spouse, adult child, or a parent nominated in writing any person to serve as conservator of the proposed Ward? Yes _____ No _____

IF YES, PLEASE PROVIDE US WITH A COPY OF THE DOCUMENT(S) AND THE FOLLOWING REGARDING THE NOMINATED PERSON(S).

Full Legal Name	Address (Include Street & City/State/Zip Code)	Telephone No. (O),(H),(C)

5. Is any person listed above the owner, operator, or employee of a care-giving institution in which the proposed Ward is currently receiving care? Yes _____ No _____

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THOSE PERSONS.

Full Legal Name	Address (Include Street & City/State/Zip Code)	Telephone No. (O),(H),(C)

6. Does any person nominated to be conservator have a financial or ownership conflict of interest with the proposed Ward? (This would include joint ownership of bank accounts, CDs, stocks, bonds, real estate, inheritances, etc.)

Yes _____ No _____

IF YES, PLEASE PROVIDE DETAILS BELOW.

MEDICAL/DISABILITY

1. Does the proposed Ward lack sufficient capacity to make or communicate significant responsible decisions concerning his/her health or safety? Yes ____ No ____

2. Does the proposed Ward lack sufficient capacity to make or communicate significant responsible decisions concerning the management of his/her property? Yes ____ No ____

PLEASE PROVIDE A DETAILED NARRATIVE WITH SPECIFIC EXAMPLES OF SITUATIONS WHERE THE PROPOSED WARD HAS SHOWN AN INABILITY TO MAKE/COMMUNICATE RESPONSIBLE DECISIONS CONCERNING HIS/HER HEALTH/SAFETY/MANAGEMENT OF PROPERTY. THIS MUST BE DETAILED. USE EXTRA PAGES IF NEEDED.

3. Is anyone else in the family disabled? Yes ____ No ____
 If yes, please explain: _____

4. Is anyone at risk for becoming seriously ill or disabled because of a medical condition or family history? Yes ____ No ____
 If yes, please explain: _____

5. Has anyone in the family recently entered a hospital or skilled nursing facility? Yes ____ No ____
 If yes, please explain: _____

Facility Name		Date of Admission	
Date of Discharge		Diagnosis	

PLEASE PROVIDE INFORMATION ON THE DOCTOR WHO SERVES AS THE PRIMARY PHYSICIAN OF PROPOSED WARD.

Doctor Full Name		Doctor Phone	
Doctor Address		Doctor Facsimile	
		Length of Treatment	

LEGAL DOCUMENTS OF PROPOSED WARD

Document	Date Created	Location of Original
Last Will & Testament		
Power of Attorney for Financials		
Living Will/Health Care Directive		
Living Trust		

PLEASE BRING APPLICABLE COPIES OF THESE DOCUMENTS WITH YOU TO YOUR MEETING WITH PAIGE ARDEN STANLEY, ESQ.

- Existing Guardianship/Conservatorship Order
- Will, Codicil, Trust Agreements
- Real Estate Deeds, Appraisals
- Admission Agreements to hospitals and health facilities
- Living Will, Health Care Directive, Durable Powers of Attorney
- Retirement plans, including any forms designating beneficiaries

**ASSETS, INCOME, OTHER SOURCES OF FUNDS, LIABILITIES,
& EXPENSES OF PROPOSED WARD**

PROPOSED WARD:			
REAL PROPERTY (please indicate if the property is jointly owned and with whom)			
Description	County	State	Approximate equity & interest as to proposed Ward.
Parcel 1:			
Parcel 2:			
Parcel 3:			
INCOME FROM ALL SOURCES			
Social Security per year			\$
SSI (Supplemental Security Income) per year			\$
Retirement Benefits per year			\$
VA Benefits per year			\$
Other Income per year, including alimony, annuity or trust distributions			\$
Interest, Dividend, or Investment Income per year			\$
Annual Total of All Income			\$
PERSONAL AND INTANGIBLE PROPERTY (please indicate if jointly owned and with whom)			Approximate Current Value
Checking, Savings, Money Market, Certificates of Deposit, Liquid Accounts			\$
BANK/FINANCIAL INSTITUTION/BROKER	ACCOUNT NUMBER	JOINT OWNER, IF ANY	VALUE OF WARD'S INTEREST
			\$
			\$
			\$
			\$

Stocks, Bonds, Investments (Including retirement & profit sharing accounts) <i>held by brokers</i>			\$
BROKERAGE FIRM OR INSTITUTION	ACCOUNT NUMBER	JOINT OWNER, IF ANY	VALUE OF WARD'S INTEREST
			\$
			\$
			\$
Stocks, Bonds, Investments (Including retirement & profit sharing accounts) <i>privately held</i>			\$
COMPANY/ISSUER	NO. OF SHARES	JOINT OWNER, IF ANY	VALUE OF WARD'S INTEREST
			\$
			\$
			\$
			\$
Automobiles			\$
YEAR/MAKE/MODEL	V.I.N.	JOINT OWNER, IF ANY	VALUE OF WARD'S INTEREST
			\$
			\$
			\$
			\$
Other Assets of Significant Value			
DESCRIPTION		JOINT OWNER, IF ANY	VALUE OF WARD'S INTEREST
			\$
			\$
			\$
			\$
TOTAL VALUE OF PERSONAL & INTANGIBLE PROPERTY			\$

DEBTS & OTHER LIABILITIES

THE PROPOSED WARD OWES THE FOLLOWING DEBTS/LIABILITIES:			
Secured Debts			\$
OBLIGOR/PAYEE	COLLATERAL	SOLELY/JOINTLY OWED	APPROXIMATE WARD BALANCE
			\$
			\$
			\$
			\$
Unsecured Debts			\$
OBLIGOR/PAYEE	COLLATERAL	SOLELY/JOINTLY OWED	APPROXIMATE WARD BALANCE
			\$
			\$
			\$
			\$
			\$
TOTAL DEBTS & OTHER LIABILITIES OF PROPOSED WARD			\$
AVERAGE MONTHLY LIABILITIES & EXPENSES AS TO PROPOSED WARD			
HOUSEHOLD			
Care Facility, Rent, Mortgage Payments			\$
Property Taxes/Insurance			\$
Utilities, Lawn Care, Pest Control			\$
Miscellaneous Household/Food			\$
Total Credit Account and Other Debt Payments			\$
Other (specify)			\$
AUTOMOTIVE/TRANSPORTATION			\$
Fuel and Repairs			\$
Tags and License Fees/Insurance			\$
Bus/Train/Taxi Fares			\$
MINORS OR OTHER DEPENDENTS OF THE PROPOSED WARD			
Child Care			\$
School Tuition/Supplies/Expenses/Lunches			\$

Clothing, Diapers, Grooming, Hygiene	\$
Medical, Dental, Prescription	\$
Entertainment Activities	\$
OTHER INSURANCE	
Health	\$
Life/Disability	\$
Other (specify)	\$
PROPOSED WARD'S OTHER EXPENSES	
Laundry/Clothing/Grooming/Hygiene	\$
Medical/Dental/Prescriptions/Medications	\$
Entertainment/Vacations/Subscriptions/Dues	\$
Personal Caretakers/Cleaning Personnel	\$
Other (specify)	\$
TOTAL EXPENSES	\$
PAYMENTS TO CREDITORS	
Is the proposed Ward behind on any debt payments?	<input type="radio"/> Yes <input type="radio"/> No
If so, payee and amount:	\$

SUMMARY	
AVERAGE MONTHLY INCOME	\$
AVERAGE MONTHLY EXPENSES	\$

How did you learn about The Law Office of Paige Arden Stanley?	
Our office publishes a short, educational newsletter 6 times annually. Would you like to receive it?	<input type="radio"/> Yes <input type="radio"/> No

ACKNOWLEDGMENT

The undersigned states that the information provided to the The Law Office of Paige Arden Stanley, LLC in the above questionnaire is true and correct to the best of our ability and will provide any updated information obtained to The Law Office of Paige Arden Stanley, LLC prior to the submission of the Petition for Guardianship/Conservatorship.

X _____
Signature

Printed Name

Date

X _____
Signature

Printed Name

Date