

GUARDIANSHIP PROCEEDING INTAKE SHEET

Date: _____

AIP: _____

Address: _____

Telephone #: _____

Age: _____ DOB: _____ Apt: _____ Rent/Own House: _____

Name, address and telephone # of persons residing with the AIP (if none, please indicate):

Family Status:

Currently married _____ Never married _____ Married, spouse deceased _____

Children _____ How many _____

Names and addresses of spouse and children (if none, then names of living known relatives):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Functional Level of AIP:

1.Re:ADL's_____

2. Finances:

3. Awareness of functional
level:_____

Incidents demonstrating inability to provide for personal needs:

1._____

2._____

3._____

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Incidents demonstrating inability to manage property:

1. _____

2. _____

3. _____

Powers sought: Placement _____ What level _____

Bring in home care _____ with visiting nurse ___ shift _____

Medical treatment or care _____

Specifically _____

Therapy _____ Physical _____ Psychological _____

Medication _____

Details _____

Manage Property _____ Pay bills _____

Other

Powers: _____

Durations of Guardianship: Indefinite _____ Limited,

why? _____

FINANCES:

Social Sec. No. _____ Monthly amt. _____ Medicaid recipient _____

Pension source _____ Monthly amt. _____

Vault _____ Where _____

Details regarding stocks, bonds, investments and realty:

Last will and testament: _____ Where located: _____

Banks	Address	Acct.#	Balance
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Liabilities and debts, if known (including rent, medical bills, loans, etc.):

Name and address of petitioner:

Telephone # _____

Name and address of proposed guardian, if

any: _____

Relationship of proposed guardian to AIP: _____

Why candidate is

suitable: _____

Names and addresses of agencies, facilities, providers, case managers, etc.,

which may benefit the AIP (and why they're appropriate and

reliable) _____

Other information concerning the AIP that the court should be aware of:
