

GUARDIANSHIP CLIENT QUESTIONNAIRE

Alleged Disabled Person

Name: _____ Address: _____

Date of Birth: ____ / ____ / ____ _____

Physician's Name: _____ Address: _____

Telephone Number: _____ _____

Proposed Guardian(s)

In order to qualify as a guardian you must be 18 years of age, have residency in the United States, not have committed a felony and not be of un-sound mind.

Name: _____ Address: _____

Date of Birth: ____ / ____ / ____ _____

Occupation: _____ _____

Relationship to the Alleged Disabled Person: _____

Choose One: Guardian of the Estate and Person _____
Guardian of the Estate Only _____
Guardian of the Person Only _____

If Proposing a co-Guardianship Please Complete the Following:

Name: _____ Address: _____

Date of Birth: ____ / ____ / ____ _____

Occupation: _____ _____

Relationship to the Alleged Disabled Person: _____

Choose One: Guardian of the Estate and Person _____
Guardian of the Estate Only _____
Guardian of the Person Only _____

Nearest Living Relatives of the Alleged Disabled Person

Spouse, Children, Parents, and Siblings... If none, list Next of Kin.

Name	Address/ Street	City	State	Zip Code
Relationship				

Name	Address/ Street	City	State	Zip Code
Relationship				

Name	Address/ Street	City	State	Zip Code
Relationship				

Name	Address/ Street	City	State	Zip Code
Relationship				

Name	Address/ Street	City	State	Zip Code
Relationship				

Monthly Income of Disabled Person

Social Security Benefits \$_____

Retirement Benefits \$_____

VA Disability Benefit \$_____

Annuity Income \$_____

Rental Income \$_____

Other Income \$_____

Total \$_____

ASSETS/LIABILITIES

Please insert the approximate value of each asset/liability in the appropriate space. Please also notice the next page requesting additional details for your real estate, retirement accounts and life insurance.

ASSETS	HUSBAND	WIFE	JOINT	LIABILITIES
RESIDENCE (CURRENT ASSESSED VALUE)				
OTHER REAL ESTATE (current value)				
CHECKING ACCOUNT				
SAVINGS ACCOUNT				
MONEY MARKET ACCOUNT				
CERTIFICATES OF DEPOSIT				
MUTUAL FUNDS				
STOCKS				
BONDS				
RETIREMENT ACCOUNTS (See details in Section J below)				
CASH VALUE – LIFE INSURANCE				
ANNUITIES				
CLOSELY HELD BUSINESS				
NURSING HOME DEPOSIT				
PERSONAL HOUSEHOLD GOODS				
AUTO MOBILES				
BOATS, CANOES, & TRAILERS				
ANY OTHER ASSETS, OR ASSETS IN A SAFE DEPOSIT BOX				
TOTALS				

CERTIFICATION

The undersigned hereby represents to the Strohschein Law Group, LLC, and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative: _____