



GUARDIANSHIP INTAKE FORM

GUIDED SUPPORT THROUGH THE GUARDIANSHIP PROCESS.

Navigating guardianship can feel overwhelming, but you're not alone. This form helps us evaluate the Proposed Ward's circumstances and explore thoughtful alternatives to guardianship where possible. To make the most of your consultation, please complete and submit the form at least **72 hours** before your scheduled appointment. This allows us to thoughtfully review your information and show up fully prepared to guide you through the next steps. Don't stress about having every document or answer upfront. Share what you can now, and we'll guide you through the rest with care and clarity.

DISCLAIMER: Your privacy matters. Everything you share here is kept strictly confidential and used only to prepare for your consultation. Just a heads-up: completing this form doesn't establish an attorney-client relationship. Our initial meeting is simply a starting point for us to explore your needs—no pressure, no obligations until we both agree to move forward. **A formal agreement must be signed in order to become an OFFICIAL FOREVER LEGAL CLIENT.**

Today's Date: _____

How did you hear about FOREVER LEGAL? _____

APPLICANT INFORMATION

Applicant: What is your full name? *[First Name, Middle, Last Name]:*

Applicant: What is your relationship to the Proposed Ward?

Applicant: What are the last three digits of your driver's license number?

Applicant: What are the last three digits of your social security number?

Applicant: What is your address? *[Street Address or PO Box, City, State, Zip]:*

Applicant: What is your county of residence?



Applicant: What is your phone number?

Applicant: What is your email address?

Applicant: What is your preferred method of contact?

Has the Applicant ever been arrested?

☐ Yes ☐ No

List offense, date of offense, case number, county and disposition:

Does the Applicant have poor credit history?

☐ Yes ☐ No

Does the Applicant owe the Proposed Ward money?

☐ Yes ☐ No

Has the Applicant ever been involved with Adult or Child Protective Services?

☐ Yes ☐ No

Explain in detail: _____

Will the Applicant name a Successor Guardian for the Proposed Ward? *[Note: The Court must approve a Successor Guardian.]*

☐ Yes ☐ No

Name the Successor Guardian and relationship to the Proposed Ward:

Applicant: Will there be a Proposed Co-Guardian or Primary Guardian other than the Applicant?

- ☐ Yes, there is a Proposed Co-Guardian.
- ☐ No, there is no Proposed Co-Guardian.
- ☐ I'm applying as Applicant; however, I'd like someone else to serve as Guardian for the



Proposed Ward such as a Professional Guardianship Agency or Bank.

PROPOSED WARD INFORMATION

What is the Proposed Ward's name?

What are the last three digits of the Proposed Ward's driver's license number?

What are the last three digits of the Proposed Ward's social security number?

What is the Proposed Ward's address? [Street Address or PO Box, City, State, Zip]:

What is the Proposed Ward's county of residence?

Are the parents of the Proposed Ward alive?

☐ Yes ☐ No

Mother's Name: _____

Father's Name: _____

Is the Proposed Ward currently married?

☐ Yes ☐ No

Spouse's Name: _____

Date of marriage: _____

Last three digits of Social Security Number: _____

Is the Proposed Ward divorced?

☐ Yes ☐ No

Date of divorce: _____

Is the Proposed Ward widowed?

☐ Yes ☐ No

Date of spouse's death: _____



Does the Proposed Ward have siblings?

☐ Yes ☐ No

List all siblings of the Proposed Ward. Include each sibling's date of birth and address:

Does the Proposed Ward have children?

☐ Yes ☐ No

List all children of the Proposed Ward. Include each sibling's date of birth and address:

Does the Proposed Ward have any of the following? *[Select all appropriate boxes.]*

- ☐ Durable Power of Attorney *[Please upload a copy.]*
- ☐ Medical Power of Attorney *[Please upload a copy.]*
- ☐ Physician's Advance Directive ("Living Will") *[Please upload a copy.]*
- ☐ Special Needs Trust *[Please upload a copy.]*
- ☐ Representative Payee for Governmental benefits *[Please upload a copy.]*

Is the Proposed Ward a veteran?

☐ Yes ☐ No

Does the Proposed Ward receive any funds from the Veterans Administration or Veterans Affairs?

☐ Yes ☐ No

What are the sources and monthly amounts of income of the Proposed Ward?

Employment: _____

Supplemental Security Income: _____

Social Security Retirement Income: _____

Social Security Disability Income: _____

Food Stamps: _____

Other: _____



What are the Proposed Ward's assets and property? *[Provide financial institutions, amounts, and value]:*

Real Property: _____

Bank Accounts: _____

Stock/Bonds or other investments: _____

Automobiles, boats, etc.: _____

Other: _____

Does the Proposed Ward owe any debts to creditors?

☐ Yes ☐ No

Please list each debt and identify the nature of the debt (e.g., credit card, personal loan), the creditor, the purpose for which the debt was incurred (e.g., household goods, education expenses), and the total balance due on the debt: _____

What is the contact information for the Proposed Ward's current caretaker?

Name: _____

Facility: _____

Address: _____

Where is the Proposed Ward currently living?

What type of Guardianship is being sought?

☐ Person and Estate

☐ Estate Only

☐ Person Only

☐ Limited

What is the Proposed Ward's physician's information?



Name: _____

Practice Area: _____

Address: _____

Phone: _____

Email: _____

Fax: _____

Has a Physician's Letter been completed? *[Please upload a copy.]*

☐ Yes ☐ No

What is the date of the Physician's Letter? _____

What is the Date of Examination? _____

What were the Findings? *[Select One.]*

☐ Total Capacity

☐ Total Incapacity

☐ Partial Incapacity

What was the diagnosis?

What medications is the Proposed Ward currently taking?

Is there additional information you would like FOREVER LEGAL to know in advance of our consultation?

Are there any specific questions you have that should be addressed in our consultation?

CERTIFICATION

I hereby affirm that the information contained in this questionnaire is complete and accurate to the best of my/our knowledge.



Signature

Date

**DO NOT EMAIL THIS INTAKE FORM. TO
ENSURE YOUR INFORMATION
REMAINS SECURE UPLOAD YOUR
FORM IN MYCASE. THANK YOU!**