

**INFORMATION SHEET FOR GUARDIANSHIP  
AND/OR PROTECTIVE PLACEMENT**

1. Name of petitioner:

\_\_\_\_\_

2. Name, date of birth, phone number, residence & address of the ward:

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Ward's social security #: \_\_\_\_\_

3. Name and address of person or institution having care and custody of the proposed ward:

Name of person or facility: \_\_\_\_\_

address of person or facility: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

a) Effective date of ward's arrival/residence @ facility, if not residing at personal residence or home: \_\_\_\_\_

4. Name, relationship and current address of spouse, parents, relatives and phone number of all other persons believed to be interested:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Phone no.:</u>
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5. Physician's or psychologist's written statement attached

6. Type of guardianship needed: ( ✓ )  
( ✓ ) all that apply:

- \_\_\_\_\_ guardianship of person
- \_\_\_\_\_ guardianship of property
- \_\_\_\_\_ protective placement
- \_\_\_\_\_ temporary guardianship of person
- \_\_\_\_\_ temporary guardianship of property
- \_\_\_\_\_ successor guardianship
- \_\_\_\_\_ stand-by guardianship

7. Value of income, compensation and insurance to which the proposed ward is entitled:

- a) Social Security: \_\_\_\_\_
- b) Social Security/Disability: \_\_\_\_\_
- c) SSI: \_\_\_\_\_
- d) Medical Assistance: \_\_\_\_\_
- e) Teacher Pensions: \_\_\_\_\_
- f) R.R. Retirement: \_\_\_\_\_
- g) Other pensions: \_\_\_\_\_

8. Veterans Administration assets and benefits: \_\_\_\_\_  
if none, so state: \_\_\_\_\_

9. Name, address and phone number of proposed guardian:

Name of proposed \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

10. Name, address and phone number of SUCCESSOR guardian:

Name of proposed guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

11. Name, address and phone number of stand-by guardian:

Name of proposed guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

12. List relationship of proposed guardian/successor/stand-by to the ward:

**Relationship to ward: Daughters boyfriend and secondary agent on  
POA\_\_\_\_\_**

**13. Is there currently a power of attorney for:**

- \_\_\_\_\_ person and property**
- \_\_\_\_\_ person only**
- \_\_\_\_\_ property only**
- \_\_\_\_\_ durable power of attorney**
- \_\_\_\_\_ for health care**

**If so, attach copies of all available power of attorney documents.**

Attached POA of HC-only asking for guardian of person