



ADRC & DCP
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: _____

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

Address of person or facility: _____

Telephone number: _____

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

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 number</u>
-------------	----------------	---------------------	---------------------

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

4. **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

5. **Name, address and phone number of proposed guardian:**

Name of proposed guardian: _____

Address: _____

Telephone Number: _____

Relationship: _____

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

Name of proposed guardian: _____

Address: _____

Telephone Number: _____ Relationship: _____

7. **Name, address and phone number of SUCCESSOR guardian:**

Name of proposed guardian: _____

Address: _____

Telephone Number: _____ Relationship: _____

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

- _____ **Person and Property**
- _____ **Person Only**
- _____ **Property Only**
- _____ **None**

Attachments Needed:

- Doctor report evaluating incapacity**
- Financial Information/Declaration of Income and Assets completed form**
- If any exist, copies of all available power of attorney documents. Attach POA of HC-only asking for guardian of person**

