

GOOD, BUCY, ELSON & DRESCHER
Guardianship Questionnaire (Adult)

1. Respondent (incapacitated adult) information:

- a. Name: _____
- b. Age: _____
- c. Address: _____
- d. Birth date: _____
- e. Current location: _____

2. Petitioner information:

- a. Name: _____
- b. Age: _____
- c. Address: _____
- d. Interest: _____

3. Proposed guardian information (if different from petitioner):

- a. Name: _____
- b. Age: _____
- c. Address: _____
- d. Relationship to respondent: _____

4. Has the proposed guardian:

- a. Been convicted of a crime? _____
- b. Filed for bankruptcy? _____
- c. Had a license revoked or cancelled that was required by the law of any state for the practice of an occupation or a profession? _____ (If so, explain circumstances): _____

5. Facts that support the guardianship (why is necessary to protect and promote the health of the respondent): _____

6. List the names, addresses and relationships of any of the following, appointed for the respondent:
- a. A fiduciary: _____
 - b. A trustee: _____
 - c. A health care representative: _____
 - d. Agent under power of attorney: _____

7. Names, addresses, and phone numbers for respondent's treating physicians:
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8. Names, addresses, and phone numbers of all people who have information that the respondent is incapacitated:
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9. Does the proposed guardian intend to place the respondent in a mental health treatment facility, nursing home or other residential facility?

10. Will the proposed guardian exercise control over the respondent's estate?

_____. If so, answer the following:

a. The respondent's estate consists of:

b. The respondent's monthly income is \$_____ and is derived from the following sources:

c. The guardian will be holding money for respondent in the amount of \$_____ at the time of the appointment.