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GUARDIANSHIP QUESTIONNAIRE
(ADULT WARD)

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Date: _____

Guardianship of: (circle all that apply) Person Estate Temporary Permanent

Is there currently a guardianship in place or pending? Y N

If so, who is current Guardian: _____ Attorney Involved: _____

Name of Proposed Ward: _____

Date of Birth: _____ Age this year? _____ Resident of Nevada? Y N

Social Security Number of Proposed Ward: _____

Does the Proposed Ward reside at home or in a facility? _____ Address: _____

Date transferred to facility (If applicable): _____

MEDICAL INFORMATION

****NOTE:** Please bring a Physician's Certificate completed by the Proposed Ward's physician, if possible. This document will be required in order to file the Petition with the Court.**

Diagnosis of Proposed Ward: _____

Who is the Proposed Ward's Physician? _____ Phone: _____

Address: _____

Current Medications: _____

Physical limitations, if any: _____

TEMPORARY GUARDIANSHIP (IF APPLICABLE)

Describe emergency which requires **temporary** Guardianship: _____

Is the Proposed Ward violent or a danger to others? Y N

BASIS FOR GUARDIANSHIP

Does the Proposed Ward:			Has the Proposed Ward:		
Forget to take medications?	Y	N	Made gifts to non-family members?	Y	N
Leave the house unlocked?	Y	N	Recently changed his/her Will or Trust beneficiary?	Y	N
Leave the gas or stove on?	Y	N	Had utilities shut off due to nonpayment?	Y	N
Need help paying bills?	Y	N	Stopped taking care of their personal hygiene?	Y	N
Get lost while driving?	Y	N	Become increasingly nervous or defensive?	Y	N
Invite strangers into their home?	Y	N	Been hospitalized recently or suffered a fall?	Y	N
Misplace items and forget dates?	Y	N			
Forget to eat meals?	Y	N			
Have to write notes to help himself/herself remember?	Y	N			

Please provide specific examples and dates of the Proposed Ward's memory loss: _____

Please provide specific examples and dates of the Proposed Ward's problems managing finances: _____

Please identify specific instances/concerns and dates of exploitation: _____

Is Guardianship the result of an investigation of abuse or neglect? Y N

If so, Agency involved: _____ Case Worker: _____

Spouse Name (if applicable): _____ Is spouse deceased? Y N

ESTATE PLAN

Does the Proposed Ward have a Will? Y N Does the Proposed Ward have a Trust? Y N

Does the Proposed Ward have a Power of Attorney? Y N

**Please provide a copy of any and all of the Proposed Ward's estate planning documents.

FAMILY INFORMATION

Please provide the names and contact information for all known family members of the Proposed Ward. This list should include all relatives within the second degree of consanguinity (parents, spouse, siblings, children, grandchildren, etc.). If additional space is needed, please attach a list to this questionnaire.

Will there be any problems with family members objecting to the Guardianship? Y N

If yes, explain: _____

NAME

NAME

ADDRESS

ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

RELATION PHONE NUMBER

RELATION PHONE NUMBER

NAME

NAME

ADDRESS

ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

RELATION PHONE NUMBER

RELATION PHONE NUMBER

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

RELATION _____ PHONE NUMBER _____

RELATION _____ PHONE NUMBER _____

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

RELATION _____ PHONE NUMBER _____

RELATION _____ PHONE NUMBER _____

Does the Proposed Ward have any children from prior marriages: Y N If yes, please list below:

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

RELATION _____ PHONE NUMBER _____

RELATION _____ PHONE NUMBER _____

FINANCIAL INFORMATION

Is the Proposed Ward a Veteran? Y N Branch of service? _____

Does Ward currently receive VA Pension benefits? Y N

Does Ward currently receive Social Security benefits? Y N

Does Proposed Ward currently receive a Pension? Y N

Monthly income of the Proposed Ward and community spouse (if applicable):

Source/Type	Ward	Spouse (if applicable)
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Are the assets of the Proposed Ward and community spouse jointly held? Y N

Please list all bank accounts and assets of the Proposed Ward (and community spouse, if applicable) and their current values. Also identify the type of account, i.e. Checking, Savings, Certificate of Deposit, etc., if known.

Bank Name	Account Number/Type	Current Value or Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Investments of the Proposed Ward (and community spouse, if applicable):

Bank Name	Account Number/Type	Current Value or Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Real property owned by the Proposed Ward (and community spouse, if applicable):

Home: _____

Other: _____

Other: _____

Vehicles of the Proposed Ward (and community spouse, if applicable):

Year, Make, and Model of Vehicle: _____ Fair market value: _____

Year, Make, and Model of Vehicle: _____ Fair market value: _____

Total Resources and Assets of Proposed Ward and Spouse? \$ _____

PROPOSED GUARDIAN #1

Name of Proposed Guardian: _____

Address of Proposed Guardian: _____

Has the Proposed Guardian ever been:

Convicted of a felony? Y N

Judicially determined to have committed an act of violence against another? Y N

Relationship to Proposed Ward: _____

Birth date of Proposed Guardian: _____ Age this year? _____

Telephone Number of Proposed Guardian: Cell: _____ Home: _____

Email address: _____

Social Security Number of Proposed Guardian: _____

PROPOSED GUARDIAN #2 (IF APPLICABLE)

Name of Proposed Guardian: _____

Address of Proposed Guardian: _____

Has the Proposed Guardian ever been:

Convicted of a felony? Y N

Judicially determined to have committed an act of violence against another? Y N

Relationship to Proposed Ward: _____

Birth date of Proposed Guardian: _____ Age this year? _____

Telephone Number of Proposed Guardian: Cell: _____ Home: _____

Email address: _____

Social Security Number of Proposed Guardian: _____