

LAW OFFICE OF MARIA SCHEURING

ATTORNEY -AT-LAW
1 S. Ocean Ave., Suite 220, Patchogue, NY 11772
Phone: 631-730-6966
MSELAWYER.COM
MariaS@mselawyer.com

CLIENT GUARDIANSHIP INTAKE FACT SHEET

Please answer the following questions in order to provide information required to pursue Guardianship. Please let us know if you are unsure of any of your responses.

DATE: _____

PERSON REQUESTING PROTECTION (YOUR INFORMATION):

Name: _____

Address: _____

Telephone: Home: _____ Business: _____

Cell: _____ Other: _____

How were you referred to this office?: _____

PERSON TO BE PROTECTED ("PTBP") /GUARDIAN NEEDED :

Name: _____

Permanent Address: _____

Current Address: _____

Telephone: Home: _____ Business: _____

Cell: _____ Other: _____

Date of Birth: _____ SS #: _____

Marital Status: _____

Children, address: _____

CLIENT NAME: _____

DATE: _____

Page 2 of 7

1. Full Name of Person to be Protected :

a. SS#: _____

b. Date of Birth: _____

c. Address: _____

d. Telephone Number: _____

e. If in Care Facility, Contact Person and Title: _____

f. If in Hospital/Care Center, Where and When Admitted?: _____

2. Treating Physician for PTBP's Address and Telephone Number: _____

3. Is any Doctor or Advisor recommending the PTBP be placed for treatment outside the home: _____ Yes _____ No

a. If Yes, why?: _____

b. Doctor's Statement Obtained: Yes No (Circle One)

c. Diagnosis: _____

d. Explain problems, i.e. wanders, suicidal, other deficits, including, but not limited to, memory loss, risk of falling, loss of eyesight/hearing, incontinence, self neglect, etc.... (Please be specific and give examples)

4. Does an emergency exist requiring a Temporary Guardianship?

CLIENT NAME: _____

DATE: _____

Page 3 of 7

a. Brief description of the PTBP's mental condition: _____

b. Brief description of the PTBP's physical condition: _____

c. What is the incapacity plan for the PTBP: _____

5. If Yes, please explain the circumstances surrounding the need for an emergency: _____

6. Does the PTBP need to be placed in facility:

_____ Yes _____ No If Yes, what type?

a. Is there a Health Care Representative: _____ Yes _____ No

If Yes, Whom is Appointed:

_____ (Please provide a copy to the Lawyer if available)

b. Is there a financial Power of Attorney: _____ Yes _____ No

If Yes, Whom is Appointed:

_____ (Please provide a copy to the Lawyer if available)

c. Is there a Trustee for the PTBP: _____ Yes _____ No

If Yes, Whom:

_____ (Please provide a copy to the Lawyer if available)

d. Is there a Will for the PTBP: _____ Yes _____ No (If Yes, please provide a copy to the Lawyer if available)

8. If there is a financial manager for the PTBP, is he/she having any trouble?:

_____ Yes _____ No

If Yes, please describe:

9. Should there be any limits on the authority of the proposed Guardian and/or Conservator?: _____ Yes _____ No

If Yes, please described the limits suggested: _____

10. Benefits received (if applicable):

CLIENT NAME: _____

DATE: _____

Page 4 of 7

VA ~ Amount \$ _____;

Social Security ~ \$ _____;

Medicaid ~ \$ _____.

a. Does the PTBP own any real property: _____ Yes _____ No If Yes, please list the Real Property (Location and estimated Value):

b. Will any real property belonging to the PTBP need to be sold in order to fund care for the PTBP: _____ Yes _____ No

c. Estimated value of PTBP's estate: \$ _____

d. Does the PTBP have any assets that are held jointly with another other person? _____ Yes _____ No
If Yes, please describe and discuss with the Attorney: _____

e. Does the Proposed Guardian and/or Conservator owe money to the PTBP?:
_____ Yes _____ No
If Yes, please explain:

11. Does the Proposed Guardian and/or Conservator receive money from the PTBP regularly?: _____ Yes _____ No
If Yes, please explain: _____

12. Who is the Person who will be signing the Petition ("Petitioner"): _____

CLIENT NAME: _____

DATE: _____

Page 5 of 7

a. Address: _____

b. Telephone Number: _____

c. Date of Birth: _____

d. Relationship to PTBP: _____

13. Who is the Proposed Guardian?: _____

a. Telephone Number: _____

b. Date of Birth: _____

c. Relationship to PTBP: _____

d. Is the proposed Guardian being paid to provide services to the

PTBP?: _____ Yes _____ No

If Yes, please explain: _____

14. Has the proposed Guardian and/or Conservator had any of the following problems (there is no time limitation on these, it is to mean EVER):

a. If Yes, please list who and give a brief description of dates and/or reason (i.e. filed for Bankruptcy due to...):

b. Conviction of a Crime _____

c. Filed for Bankruptcy _____

d. Revocation of an occupational or professional license _____

15. Please list the Name, Address and Telephone Number of any Spouse or Adult Children of the PTBP:

NAME, RELATIONSHIP & TELEPHONE NUMBER:

CLIENT NAME: _____

DATE: _____

Page 6 of 7

ADDRESS

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

NAME, RELATIONSHIP & TELEPHONE NUMBER

ADDRESS

16. Does anyone NOT listed above live with the PTBP:

_____ Yes _____ No

If Yes, please explain whom (please also explain relationship): _____

17. Please list the Names, Telephone Numbers and Relationships of any persons you believe would have pertinent information that is not already listed:

NAME, TELEPHONE NUMBER & RELATIONSHIP

CLIENT NAME: _____

DATE: _____

Page 7 of 7

NAME, TELEPHONE NUMBER & RELATIONSHIP

NAME, TELEPHONE NUMBER & RELATIONSHIP

NAME, TELEPHONE NUMBER & RELATIONSHIP

PLEASE ADD ANY NOTES OR FACTS THAT ARE RELEVANT: