



B A R B E R  
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B A R T Z

## GUARDIANSHIP QUESTIONNAIRE

New Guardianship

Existing Guardianship

If existing guardianship, what county was the case filed?	
If existing guardianship, what is the case number?	
If existing guardianship, when was the last annual accounting or annual report filed?	

### GUARDIAN INFORMATION

Guardian's Name			
Guardian's Address			
Home Phone		<input type="checkbox"/>	Please check your preferred method of contact.
Work Phone		<input type="checkbox"/>	
Cell Phone		<input type="checkbox"/>	
E-Mail Address		<input type="checkbox"/>	
Social Security #			
Date of Birth			

<b>Co-Guardian's Name</b>	
<b>Co-Guardian's Address</b>	
<b>Home Phone</b>	
<b>Work Phone</b>	
<b>Cell Phone</b>	
<b>E-Mail Address</b>	
<b>Social Security #</b>	
<b>Date of Birth</b>	

If there are additional Co-Guardians, please include name and contact information.

**ADDITIONAL INDIVIDUALS OVER THE AGE OF EIGHTEEN (18)  
RESIDING WITH THE WARD**

<b>1. Name</b>	
<b>Date of Birth</b>	
<b>Soc. Sec. #</b>	
<b>2. Name</b>	
<b>Date of Birth</b>	
<b>Soc. Sec. #</b>	
<b>3. Name</b>	
<b>Date of Birth</b>	
<b>Soc. Sec. #</b>	

If there are other individuals over the age of 18 in the home with Ward, please list additional sheets.

### WARD INFORMATION

<b>Ward's Name</b>	
<b>Ward's Address</b>	
<b>Is Ward residing in:</b> <input type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Group Home  <input type="checkbox"/> Other: _____	
<b>Date of Birth</b>	
<b>Describe the Ward's Diagnosis or Nature of Disability/Handicap</b>	
<b>Social Security Number</b>	

### INTERESTED PARTIES

**We are required by law to give notice of the guardianship filings to various interested parties. Please provide the name and addresses for the following individuals, if living:**

<b>Spouse of the Ward, if any (include address information)</b>	
<b>Prior attorney for the Ward, if any (include address information)</b>	

<b>Adult children of the Ward, if any (include address information)</b>	
<b>Parents of the Ward (include address information)</b>	
<b>Siblings of the Ward (include address information)</b>	
<b>Grandparents of the Ward (include address information)</b>	
<b>Adult Grandchildren of the Ward (include address information)</b>	
<b>If none of the above are living, please provide information on the nearest three living, adult relatives of the Ward (include address information)</b>	

## BENEFITS

<p><b>Is the Ward receiving Social Security benefits? If so, please specify type, <i>i.e.</i>, Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) and amount.</b></p>	
<p><b>Is the Ward receiving Medicaid benefits, <i>e.g.</i>, Soonercare? If so, please specify type and amount.</b></p>	
<p><b>Is the Ward receiving Medicare benefits? If so, please specify amounts.</b></p>	
<p><b>Is the Ward receiving VA benefits? If so, please specify.</b></p>	

## PHYSICIAN INFORMATION

<p><b>Name of Ward's Primary Physician</b></p>	
<p><b>Physician's Address</b></p>	
<p><b>When was the last time the Ward was seen by his/her physician?</b></p>	

**ASSETS OF THE WARD**

<b>TYPE OF ASSET</b>	<b>VALUE</b>

**INCOME OF THE WARD**

<b>SOURCE OF INCOME</b>	<b>MONTHLY AMOUNT</b>