



Guardianship Intake Worksheet

(Email Complete Worksheet to Jesus4evermylord@aol.com

Or Fax to: 352.236.6714 Call 352.266.8477 Sherry

Today's Date:



Guardianship needed for:

Person Only

Estate Only

Person and Estate

Client Name

D.O.B

SSN

Client Address

Phone #

Admit Date

Total Monthly Income

Source (Highlight Where Applicable)

VA S.S.I. S.S. Pension

Amount Kept Monthly

Assets

Personal Bank Account

YES

NO

If Yes – Bank Name/Account #

House YES NO

CAR YES NO

Funeral YES NO

Life Insurance YES NO

Date of Expert Evaluation

Name of Doctor

Doctor 2

Address

Address

Phone

Phone

Incapacitated By

Next of Kin / Family

Name

Address

Phone

Relationship

Next of Kin / Family

Name

Address

Phone

Relationship

NOTES: