



GUARDIANSHIP AND CONSERVATORSHIP QUESTIONNAIRE

Date: _____

How did you hear about Edgel Law Group? _____

Persons Attending Initial Appointment

Name: _____ Relationship: _____

Address: _____ Phone: _____

Cell Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Cell Phone: _____ Email: _____

Information about the person who needs a Guardian/Conservator

Full Legal Name: _____

Residence Address: _____

Location Address:

Residence Phone: _____ Cell Phone: _____

Birthdate: _____ Social Security Number: _____

Family members of the person who needs a Guardian/ Conservator

Name: _____ Relation: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relation: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relation: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relation: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relation: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relation: _____

Address: _____

Phone: _____ Cell Phone: _____

Has there been a Guardian or Conservator appointed for this person before?

Does this person have the any of the following documents?

Trust: Yes No

If yes: Who is the Settlor?: _____ Who is the
Trustee?: _____

Will: **Yes** **No**

If yes: Who is nominated as Personal Representative?:

Power of Attorney: **Yes** **No**

If yes: Who is nominated as the
Agent?: _____

Advance Directive: **Yes** **No**

If yes: Who is nominated as Health Care Representative?: _____

Physician information for the person who needs a Guardian/Conservator

Physician's Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attorney information for the person who needs a Guardian/Conservator

Attorney/Firm Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the person's physical and mental condition

Does the person need help making medical and health care decisions?

Does the person need help taking care of basic physical needs like, food, shelter,

**Income information for the person who needs a Guardian/Conservator
(Social Security, Pension, etc.)**

Source:	Received By:	Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Asset information for the person who needs a Guardian/Conservator
(real property, bank accounts, investments, retirement accounts, life insurance, etc.)**

Asset	Location	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Proposed Guardian

Full Legal Name: _____

Residence Address: _____

Residence Phone: _____ Cell Phone: _____

Email: _____ Social Security Number: _____

Declared Bankruptcy? _____ Committed a Crime? _____

Professional License Revoked? _____

Proposed Conservator

Full Legal Name: _____

Residence Address: _____

Residence Phone: _____ Cell Phone: _____

Email: _____ Social Security Number: _____

Declared Bankruptcy? _____ Committed a Crime? _____

Professional License Revoked? _____

**Individuals Who Can Attest to the Person's
Incapacity and / or Financial Incapability**

Name: _____ Relation: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relation: _____

Address: _____
