

DATE: _____

**SEYMOUR LAW FIRM
GUARDIAN OR CONSERVATORSHIP INTAKE**

Guardianship: _____
Guardianship/conservatorship: _____
Conservatorship Only: _____

1. County: _____

2. Name of ward/protected person:

_____ SSN: _____

Age: _____ DOB: _____

Address: _____

3. Name of Petitioner: _____

4. Proposed Guardian/Conservator: _____

Relationship to ward: _____

Is proposed Guardian or Conservator natural guardian or next of kin? _____

G/C Address: _____

5. Why does the proposed ward need a guardian/conservator (be specific)?

6. Names, addresses and relationships of persons who may be entitled to NOTICE.

A. Proposed ward: _____
Address: See above

B. Ward's spouse: _____
Address: _____

C. Ward's parents: _____
Address: _____

D. Ward's adult children (list all):
Name: _____
Address: _____
Name: _____
Address: _____
Name: _____
Address: _____

E. Any person/corporation which is currently serving as
Guardian: _____

Address: _____

Conservator: _____

Address: _____

F. Administrator of any facility where the proposed ward is living

Address: _____

G. If no person under (B), (C), or (D) has been notified, list the closest adult relative of the proposed ward, if any, and where (s)he can be found.

Name: _____

Relationship: _____

Address: _____

7. Ward's PERSONAL PROPERTY - Estimate the aggregate value of each item listed. Please indicate if any of the property listed is owned jointly with any other person and, if so, list that person's name and relationship to the ward.

A. Personal Effects: Value: _____

B. Checking Account 1: Value: _____

Bank: _____ jointly held? _____

Account Number: _____

Checking Account 2: Value: _____

Bank: _____ jointly held? _____

Account Number: _____

C. Savings Account 1: Value: _____

Bank: _____ jointly held? _____

Account Number: _____

Savings Account 2:
Bank: _____
Account Number:

Value: _____
jointly held? _____

D. Certificates of Deposit:
Bank: _____
Account Number:

Value: _____
jointly held? _____

E. Stocks:
Name: _____
Number: _____
Shares: _____

Value: _____
jointly held? _____

F. Bonds:
Type: _____
Type: _____

Value: _____
jointly held: _____

G. Motorized Vehicles:
Make: _____
Model: _____
Year: _____

Value: _____
jointly titled? _____

H. Other: Describe

Value: _____
jointly owned? _____

I. Other: Describe

Value: _____
jointly owned? _____

8. Ward's REAL ESTATE:

- A. Residence Address: _____ Value: _____
_____ jointly owned? _____

- B. Rental Property Address: _____ Value: _____
_____ jointly owned? _____

9. Ward's MONTHLY INCOME:

- A. Social Security: _____
- B. Pension: _____
- C. VA money/benefits: _____
- D. Other Income:
Describe amount and source: _____

10. Name of physician/psychiatrist treating ward, if any:

- Name: _____
- Address: _____
- Name: _____
- Address: _____

11. List all medications regularly taken by the ward, and the purpose for each, if known:

Medication	Purpose
_____	_____
_____	_____
