

1. Person who is being appointed as Guardian:

- a. Name: _____
- b. DOB: _____
- c. SSN: _____
- d. Address: _____
- e. Phone#: Cell: _____ Home#: _____
- f. Email: _____

2. Person who is being appointed as Conservator:

- a. Name: _____
- b. DOB: _____
- c. SSN: _____
- d. Address: _____
- e. Phone#: Cell: _____ Home#: _____
- f. Email: _____

3. Person Alleged to Need Protection

- a. Name: _____ Address: _____
- b. DOB: _____
- c. SSN: _____
- d. Place of Residence: _____
- e. Current Location: _____

4. Family Names and Addresses (if none, please indicate):

a. Spouse and Children:

- i. Spouse Name: _____
Address: _____
- ii. Child Name: _____
Address: _____
- iii. Child Name: _____
Address: _____
- iv. Child Name: _____
Address: _____

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Guardianship Intake Form

b. Parents and Siblings (only needed if no spouse or children)

i. Mother: _____ Address: _____

ii. Father: _____ Address: _____

iii. Sibling: _____ Address: _____

iv. Sibling: _____ Address: _____

v. Sibling: _____ Address: _____

vi. Sibling _____ Address: _____

c. Nearest Other Relative (only needed if no Parents and Siblings)

i. Type of Relation: _____

Name: _____ Address: _____

ii. Type of Relation: _____

Name: _____ Address: _____

iii. Type of Relation: _____

Name: _____ Address: _____

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Guardianship Intake Form

5. Current Residence/Facility

Name: _____ Address: _____

6. Medical Condition necessitating Guardian/Conservator:

a

7. Current Estate Planning Documents

a. Power of Attorney: Yes No

b. Health Care Directives Yes No

8. Known Assets:

9. Other Comments / Notes
