

# Special Needs Lawyers, PA

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Special Needs Trusts | Elder Law | Long Term Care Planning | Medicaid | Probate | Wills & Trusts  
Incapacity Planning | Guardian Advocacy | Developmental Disabilities

## CONFIDENTIAL GUARDIANSHIP QUESTIONNAIRE

### A. Tell us about the person needing a Guardian:

1. Full Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_
4. Current Address: \_\_\_\_\_
5. Telephone Number: \_\_\_\_\_
6. Primary Spoken Language: \_\_\_\_\_
7. Description of incapacity/developmental disability: \_\_\_\_\_  
\_\_\_\_\_
8. Does this person have any income? If yes, what kind and how much? \_\_\_\_\_  
\_\_\_\_\_
  1. If he/she is receiving a check from Social Security, who is the Representative Payee? \_\_\_\_\_
9. Does this person have any assets? If yes, what kind and value? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Please give the name, address and phone number of the attending or family physician for the person who needs a Guardian: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Information about next of kin:**

Please give the names, addresses and relationships of **all** known next of kin of the person needing a Guardian (give dates of birth of any who are minors.). This would be immediate family.

- 1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- 2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- 3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- 4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**C. Information about the individual's limitations:** *Please indicate which rights you feel the individual can exercise on their own:*

- 1. To marry.....Yes  No
- 2. To vote.....Yes  No
- 3. To enter into and perform contracts.....Yes  No
- 4. To travel independently.....Yes  No
- 5. To seek or retain employment.....Yes  No
- 6. To have a driver license.....Yes  No
- 7. To sue and defend lawsuits.....Yes  No
- 8. To determine his or her residence.....Yes  No
- 9. To manage and control property.....Yes  No
- 10. To apply for government benefits.....Yes  No
- 11. To make health care decisions.....Yes  No
- 12. To make decisions about his or her social Environment or other social aspects of his or her life (*who to associate with*).....Yes  No

**D. Information about the FIRST Proposed Guardian:**

1. Full Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Place of Birth: \_\_\_\_\_
5. Current Address: \_\_\_\_\_  
\_\_\_\_\_
6. Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_
7. Telephone Number (cell and home): \_\_\_\_\_
8. Email Address: \_\_\_\_\_
9. U.S. Citizen? \_\_\_\_\_
10. Employer's name and address: \_\_\_\_\_  
\_\_\_\_\_  
Position: \_\_\_\_\_  
*(If not working, please specify if unemployed, retired or homemaker.)*
11. Marital status and name of spouse, if any: \_\_\_\_\_
12. Length of residence in county wherein application is filed: \_\_\_\_\_
13. What is the applicant's relationship to the person needing a Guardian? \_\_\_\_  
\_\_\_\_\_
14. If currently serving as guardian for any other ward, list the names of each ward, court file number, circuit court in which the case(s) is/are pending and whether applicant is acting as the limited guardian, guardian of the person, guardian of the property, plenary guardian, or guardian advocate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Does the applicant have any physical disabilities? If yes, please explain: \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Will any physical disability listed above affect the ability to serve as guardian? \_\_\_\_\_

17. Has applicant ever been treated for the following:

a. Mental Condition: \_\_\_\_\_

b. Alcohol: \_\_\_\_\_

c. Drugs: \_\_\_\_\_

d. Other: \_\_\_\_\_

If "yes" was answered to any of the above, please state the date, time, location of treatment, and name of physician or professional involved: \_\_\_\_\_

\_\_\_\_\_

18. Has applicant ever been the subject of a confirmed report or judicial determination of abuse, neglect or exploitation of a child, disabled adult, vulnerable adult or elderly person? \_\_\_\_\_

If "yes" was answered, please give complete details: \_\_\_\_\_

\_\_\_\_\_

19. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? \_\_\_\_\_

If "yes" was answered, please give the date and complete details: \_\_\_\_\_

\_\_\_\_\_

20. Has applicant ever been:

a. Charged with a felony? \_\_\_\_\_

b. Arrested for a felony? \_\_\_\_\_

c. Convicted of a felony? \_\_\_\_\_

d. Entered a plea of guilty or no contest to a crime other than a felony? \_\_\_\_\_

\_\_\_\_\_

If "yes" was answered to any above, please give complete details: \_\_\_\_\_

\_\_\_\_\_

21. Does applicant own or possess any firearms? \_\_\_\_\_  
If "yes" was answered, please describe the safety procedures and/or precautions. \_\_\_\_\_  
\_\_\_\_\_
22. Has applicant ever held a position which required bonding? \_\_\_\_\_  
If "yes" was answered, please describe the position, date, amount of bond and name of surety: \_\_\_\_\_  
\_\_\_\_\_
23. Has applicant, in the past, ever served as guardian of a person or of a person's property? \_\_\_\_\_  
If "yes" was answered, please describe and include the reason for termination of fiduciary position: \_\_\_\_\_  
\_\_\_\_\_
24. Has applicant even been held in contempt of court or removed as guardian?  
\_\_\_\_\_  
If "yes" was answered, please give complete details: \_\_\_\_\_  
\_\_\_\_\_
25. Has applicant ever filed for bankruptcy? \_\_\_\_\_  
If "yes" was answered, please state the date and location of the court: \_\_\_\_\_  
\_\_\_\_\_
26. Is applicant, or applicant's business, corporation or other business entity a creditor of or providing, personal or business services to the person needing a Guardian? \_\_\_\_\_  
\_\_\_\_\_  
If "yes" was answered, please give complete details: \_\_\_\_\_  
\_\_\_\_\_
27. Has applicant been promised or received any payment or other benefit, in cash or in-kind, from any source to apply or seek appointment as Guardian?  
\_\_\_\_\_  
If "yes" furnish details: \_\_\_\_\_  
\_\_\_\_\_
28. Has applicant been promised or received any rebate, kickback, bonus, commission, split-fee arrangement in return for referrals, solicitation or transactions for past or future goods or services for the person needing a Guardian? \_\_\_\_\_  
\_\_\_\_\_  
If "yes" furnish details: \_\_\_\_\_  
\_\_\_\_\_

29. Is applicant a health care provider for the person needing a Guardian? \_\_\_\_\_  
\_\_\_\_\_

30. Educational history of the applicant (*please fill in all sections*):

High School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates attended: \_\_\_\_\_  
Diploma: \_\_\_\_\_

College: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates attended: \_\_\_\_\_  
Degree: \_\_\_\_\_

Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates attended: \_\_\_\_\_  
Degree: \_\_\_\_\_

31. List applicant's employment experience for the past ten (10) years beginning with the most recent:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

32. Has applicant ever been discharged from employment? \_\_\_\_\_  
If "yes" was answered, please furnish details: \_\_\_\_\_  
\_\_\_\_\_

33. Has applicant ever been a member of the armed forces of the U.S.? \_\_\_\_\_  
If "yes" was answered, what branch, dates and military serial number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Personal References – Please give the names, addresses, telephone numbers and years known of three (3) responsible persons who have been closely associated with applicant and who have known applicant for five (5) years or more, not including relatives or spouse. *Please fill in all sections.*

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Number of years known: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Number of years known: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Number of years known: \_\_\_\_\_

35. Does applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies the applicant to be appointed as guardian or guardian advocate? \_\_\_\_\_

If “yes” was answered, please describe: \_\_\_\_\_  
\_\_\_\_\_

36. Has applicant received instruction and training which covered the legal duties and responsibilities of a guardian, the rights of an incapacitated person, the availability of local resources to aid a ward, and the preparation of habilitation plans and annual guardianship reports, including financial accounting for the ward’s property? \_\_\_\_\_

If “yes” was answered, indicate when and where training was received.

When: \_\_\_\_\_

Where: \_\_\_\_\_

**ADDITIONAL INFORMATION TO PROVIDE WITH QUESTIONNAIRE**

- Document providing diagnosis. This can be an Individual Education Plan (IEP), Psychological Evaluation, Physician’s letter stating diagnosis, or Support Plan.
- Credit Report for each Guardian (*Hillsborough County Cases Only*)

**E. Information about the SECOND Proposed Guardian:**

*(Complete only if there is more than one proposed guardian/guardian advocate.)*

1. Full Name: \_\_\_\_\_

2. Social Security Number: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Place of Birth: \_\_\_\_\_

5. Current Address: \_\_\_\_\_  
\_\_\_\_\_

6. Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

7. Telephone Number (cell and home): \_\_\_\_\_

8. Email Address: \_\_\_\_\_

9. U.S. Citizen? \_\_\_\_\_

10. Employer's name and address: \_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_

*(If not working, please specify if unemployed, retired or homemaker.)*

11. Marital status and name of spouse, if any: \_\_\_\_\_

12. Length of residence in county wherein application is filed: \_\_\_\_\_

13. What is the applicant's relationship to the person needing a Guardian? \_\_\_\_  
\_\_\_\_\_

14. If currently serving as guardian for any other ward, list the names of each ward, court file number, circuit court in which the case(s) is/are pending and whether applicant is acting as the limited guardian, guardian of the person, guardian of the property, plenary guardian, or guardian advocate: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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16. Will any physical disability listed above affect the ability to serve as guardian? \_\_\_\_\_

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b. Alcohol: \_\_\_\_\_

c. Drugs: \_\_\_\_\_

d. Other: \_\_\_\_\_

If "yes" was answered to any of the above, please state the date, time, location of treatment, and name of physician or professional involved: \_\_\_\_\_

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d. Entered a plea of guilty or no contest to a crime other than a felony? \_\_\_\_\_

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Address: \_\_\_\_\_  
Dates attended: \_\_\_\_\_  
Degree: \_\_\_\_\_

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Dates attended: \_\_\_\_\_  
Degree: \_\_\_\_\_

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Dates: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

32. Has applicant ever been discharged from employment? \_\_\_\_\_  
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If "yes" was answered, what branch, dates and military serial number: \_\_\_\_\_  
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\_\_\_\_\_

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Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Number of years known: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Number of years known: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Number of years known: \_\_\_\_\_

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