

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? ____

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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? _____

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

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

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Telephone Number: _____
Number of years known: _____

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Address: _____
Telephone Number: _____
Number of years known: _____

3. Name: _____
Address: _____
Telephone Number: _____
Number of years known: _____

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