

Questionnaire to Establish a Guardianship/Conservatorship

1. County of proposed Ward's residence or County where proposed Ward is currently located is _____.
2. Name of Proposed Ward : _____
3. Age and Date of Birth of Ward : _____
4. Proposed Ward's Social Security Number : _____
5. The proposed ward is presently located at _____.
Please indicate if this is the ward's residence or a nursing facility.
6. The 1st petitioner is _____, who resides at _____ and is the _____ of the proposed ward. The 2nd petitioner is _____, who resides at _____ and is the _____ of the proposed ward. A Petition for Guardianship/Conservatorship must have 2 petitioners or 1 petitioner and a physician's affidavit.
7. The petitioners' telephone numbers are _____ and _____, respectively.
8. Please explain in detail the reason of the proposed ward's incapacity: _____

9. List here any additional facts supporting your need for a Guardianship/Conservatorship: _____

10. Are you seeking Guardianship of Person, Conservatorship or both? _____
11. What is the expected duration of the incapacity? (i.e indefinite) _____
12. Please provide below the name, address, telephone number and relationship to the proposed ward of any spouse, and/or living adult children. If none exist, the said information applies to two living adult relatives of the Ward. If none exist, the said information applies to two adult friends of the Ward.

13. Reason Petitioner is nominated (i.e. Petitioner nominated him/herself, selected by Ward in writing, selection by will, etc.)

14. If seeking a Conservatorship, please complete a Conservator Income and Asset Information Questionnaire.

