

## Informational Checklist for: Adult Guardianship

1. Name of Ward (the person alleged to be incapacitated):
2. Address where Ward is currently residing:
3. Ward's mailing address, if different from #2 above:
4. Ward's date of birth:
5. Ward's social security number:
6. Petitioner's
  - a. Name:
  - b. Address:
  - c. Telephone number:
  - d. Date of birth:
7. Medical reason for Ward's incapacity:
8. Reason Ward cannot manage his or her affairs, if different from above:
9. Name, address and telephone number of Ward's current physician or psychologist or nurse who can complete a medical report regarding the Ward's condition:

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10. Names and addresses of all the Ward's adult children:

11. Name and address of Ward's spouse (if the spouse is not the Petitioner):

12. Names and address(es) of the Ward's parents, if living:

13. Description and estimated value of all the Ward's assets/property (list both real property and personal property):

14. List all sources of income received by the Ward and the total estimated annual income from each source, including social security:

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15. Information regarding the proposed guardian(s):

- a. Name:
- b. Address:
- c. Telephone number:
- d. Date of birth:
- e. Social Security:
- f. Sex:
- g. Race:
- h. Height:
- i. Weight:
- j. Hair color:
- k. Eye color:
- l. Employer:
- m. Employer's address:
- n. Relationship to Ward: