

CLIENT INTAKE

GUARDIANSHIP / CONSERVATORSHIP

Background Information:

Client Name(s): _____

Address: _____

Primary Phone: _____ Alt. Phone: _____

Email(s): _____

Ward's Name: _____

Is there a Will or Power of Attorney currently in place? If yes, who was nominated as Guardian in the Will or Power of Attorney? _____

If the Ward has a mental or physical incapacity or disability, please describe: _____

When did the Ward last see a medical professional regarding the above referenced incapacity or disability? _____ Did you obtain a written report from the medical professional? _____

Are you able to pass a criminal background check and central registry check (Note that those seeking to be nominated in this role must submit to such): _____

Ward's Family:

Name	Address	Phone Number	Living or Deceased
Spouse:			
Child:			
Child:			
Child:			
Child:			
Parent:			
Parent:			

Ward's Financial Information
(for conservatorship only):

Real Estate:

Address	Owner(s)	Value

Banks/Financial Institutions (Checking, Savings, Money Market, Stock, etc.):

Entity	Account Type	Owner(s)	Value

Qualified Accounts (401Ks, Roths, IRA, etc.):

Entity	Account Type	Owner(s)	Value

Life Insurance Policies:

Entity	Policy Type	Owner(s)	Value

Other (Vehicles, Expensive Jewelry, 529 Plans, Crypto, etc.):

Entity	Account/Policy Type	Owner(s)	Value

Liabilities (Mortgage, Car Loan, Credit Card Debt, Judgment, Lien, Medicaid Repayment, etc.):

Entity	Type	Debtor(s)	Value