CHANG | law group PC

Date: ____________________

CONFIDENTIAL GUARDIANSHIP QUESTIONNAIRE

A. Incapacitated Person:

Full Legal Name: ____________________

Other names used: ____________________

Address of Present Residence: ____________________

City: ____________________ State: __________ Zip: __________

Mailing Address (if different from residence): ____________________

City: ____________________ State: __________ Zip: __________

Phone Number: ____________________ E-mail: ____________________

Date of Birth: ____________________

B. Proposed Guardian(s):

Full Legal Name: ____________________

Other names used: ____________________

Relationship to Incapacitated Person: ____________________

Address: ____________________

City: ____________________ State: __________ Zip: __________

Home / Cell Phone: ____________________ E-mail: ____________________

Date of Birth: ____________________

Full Legal Name: ____________________

Other names used: ____________________

Relationship to Incapacitated Person: ____________________

Address: ____________________

City: ____________________ State: __________ Zip: __________

Phone Number: ____________________ E-mail: ____________________

Date of Birth: ____________________

C. **Type of Guardianship (please circle)**

Of Person and Estate / Of Person only / Of Estate only

(You may make this decision after your consultation.)

D. Standby (Alternate) Guardian

Full Legal Name: ______________________________

Other names used: ______________________________

Relationship to Incapacitated Person: ______________________________

Address: ______________________________

City: ____________________ State: __________ Zip: __________

Phone Number: ____________ E-mail: ____________________

Date of Birth: ____________

E. Immediate Family Members (parents/siblings/children) not previously listed above:

Name: ______________________________

Address: ______________________________

City: ____________________ State: __________ Zip: __________

Relationship to Incapacitated Person: ______________________________

Name: ______________________________

Address: ______________________________

City: ____________________ State: __________ Zip: __________

Relationship to Incapacitated Person: ______________________________

Name: ______________________________

Address: ______________________________

City: ____________________ State: __________ Zip: __________

Relationship to Incapacitated Person: ______________________________

F. Physical and Mental Status of Incapacitated Person.

1. Describe the nature and extent of the incapacity: ______________________________

2. Describe services or programs the person receives: ______________________________

3. Describe medical needs. *(i.e. Does the person take prescribed medications, need 24-hour care, etc.)* ______________________________

4. Describe mental capacity:

   a) Is the personal mentally stable? ☐ Yes ☐ No

   If not, please explain: ______________________________

   b) Is the person able to be interviewed by a court-appointed person?

   ☐ Yes ☐ No

   If not, please explain: ______________________________

5. Does the person have the functional abilities to care for him/herself on a daily basis? Describe his/her abilities and disabilities. ____

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G. Personal Care of Incapacitated Person.

1. Intended place of residence after guardianship appointment: _______________________

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2. Are services or programs to be used by the person different after appointment?

☐ Yes ☐ No

If yes, please describe: ____

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3. Do you expect any changes in mental or physical status of the person after appointment?

☐ Yes ☐ No

If yes, please describe: ____

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**** Please attach most recent comprehensive medical report. ****

H. Assets Owned by the Incapacitated Person

List the approximate value and the description of the person's property:

A. Real Property: $________________________________

B. Stock, Mutual Funds and Bonds: $________________________________

C. Bank Accounts $________________________________

D. Furniture: $________________________________

E. Other Personal Property: $________________________________

Total Approximate Value of Assets is: $___________________

There are periodic compensation, pension, insurance, and allowances as follows:

A. Social Security Benefits: $_____________________________ /month

B. Veterans Benefits $_____________________________ /month

C. Washington State Assistance $_____________________________ /month

D. Other: $_____________________________ /month

Approximate Total Monthly Income: $_______________________

If assets total less that $3,000, do you want to apply for waiver of court and third-party review fees? ☐ Yes ☐ No