STARR TRAIGER

Planning for Today and Tomorrow

Starr Traiger LLP
Attorneys At Law

GUARDIANSHIP/CONSERVATORSHIP INFORMATION

(Please type or print clearly)

NOTE: If you have previously completed our financial questionnaire regarding the Person in Need, it will not be necessary to complete the bank account and income sections herein.

A. Person in Need of a Guardian or Conservator:

Name	Date of Birth:
Principal Residence	Date Residency established:
Street Address	Primary Language :
City/State/Zip	Primary Phone #:
Current Address ☐ same as above ☐ following address:	
Street Address	
City/State/Zip	

If Guardian and/or Conservator is appointed, will the Person in Need reside at:
☐ *Principal Residence* ☐ *Current Address* - *or* - ☐ *the following address:* _____

_____

Is the Person in Need participating in the Adult Foster Care program? ❑ Yes ❑ No
If yes, who is the caretaker? _____

What is the medical diagnosis for the Person in Need? _____

Is the Person in Need treated with antipsychotic medications? _____

B. Proposed Guardian(s)/Conservator(s):

Name	Work Phone #
Street Address	Home Phone #
City/State/Zip	Cell Phone #
Relationship	Home email
Social Security #	Work e-mail
Date of Birth	Fax#
Father's Name	Mother's Maiden Name

Proposed Guardian(s)/Conservator(s) ***cont.***

Name	Work Phone #
Street Address	Home Phone #
City/State/Zip	Cell Phone #
Relationship	Home email
Social Security #	Work email
Date of Birth	Fax#
Father's Name	Mother's Maiden Name

C. List spouse and children of the Person in Need of a Guardian/Conservator, including deceased children if they are survived by children of their own. If none, list parents and siblings. Indicate any person who is a minor or incapacitated. Please include full legal names including middle initials.

	Name, Address and Social Security Number	Relationship to Incapacitated Person	Indicate if this person is:
SPOUSE			☐ Incompetent (if yes, the name and address of the guardian or conservator, is listed at #_____)
1			☐ A Minor (list age): _____ ☐ Incompetent (if yes, guardian or conservator is listed at # _____) ☐ Deceased (list date of death): _____ Descendants? ☐ yes ☐ No If yes, descendants are listed at #_____
2			☐ A Minor (list age): _____ ☐ Incompetent (if yes, guardian or conservator is listed at # _____) ☐ Deceased (list date of death): _____ Descendants? ☐ yes ☐ No If yes, descendants are listed at #_____

	Name, Address and Social Security Number	Relationship to Incapacitated Person	Indicate if this person is:
3			☐ A Minor (list age): _____ ☐ Incompetent (if yes, guardian or conservator is listed at # _____) ☐ Deceased (list date of death): _____ Descendants? ☐ yes ☐ No If yes, descendants are listed at #_____
4			☐ A Minor (list age): _____ ☐ Incompetent (if yes, guardian or conservator is listed at # _____) ☐ Deceased (list date of death): _____ Descendants? ☐ yes ☐ No If yes, descendants are listed at #_____
5			☐ A Minor (list age): _____ ☐ Incompetent (if yes, guardian or conservator is listed at # _____) ☐ Deceased (list date of death): _____ Descendants? ☐ yes ☐ No If yes, descendants are listed at #_____
6			☐ A Minor (list age): _____ ☐ Incompetent (if yes, guardian or conservator is listed at # _____) ☐ Deceased (list date of death): _____ Descendants? ☐ yes ☐ No If yes, descendants are listed at #_____
7			☐ A Minor (list age): _____ ☐ Incompetent (if yes, guardian or conservator is listed at # _____) ☐ Deceased (list date of death): _____ Descendants? ☐ yes ☐ No If yes, descendants are listed at #_____

D. Please advise of any person(s) who has cared for, had custody of, or with whom the Person in Need has resided during the past 60 days (excluding hospitalization or institutionalization).

Name	
Street Address	
City/State/Zip	
Primary Phone	☐ Home ☐ Work ☐ Cell
Relationship:	
Date care and custody began:	
Date residency began:	

Name	
Street Address	
City/State/Zip	
Primary Phone	☐ Home ☐ Work ☐ Cell
Relationship:	
Date care and custody began:	
Date residency began:	

E. Guardian/Conservator

Does the Person in Need currently have a Guardian/Conservator or has any other Petitioner applied for Guardianship/Conservatorship and is awaiting Court Allowance? ☐ Yes or ☐ No

If yes, please furnish the Guardian(s)/Conservator(s) name(s) address and primary phone number.

_____

_____

F. Health Care Proxy/Durable Power of Attorney/Representative Payee/Trustee

Does the Person in Need have:	Health Care Proxy:	☐ Yes ☐ No
	Durable Power of Attorney:	☐ Yes ☐ No
	Representative Payee:	☐ Yes ☐ No
	Trustee:	☐ Yes ☐ No

If yes to any of the above, please provide documentation.

G. Primary Care Physician

Name	
Street Address	
City/State/Zip	
Phone	
Fax	

H. Other Physician(s)

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Fax:	Fax:
Specify doctors type of practice:	Specify doctors type of practice:

I. Bank and Investment Accounts (money market, savings, checking, CD, investments, retirement, annuities)

Bank	Account #	Name(s) in Which Account is Held	Amount

J. Real estate *(Please provide copies of deeds)*

Address	Name(s) on Deed	Assessed Value

K. Gross Monthly Income (*Please convert all income figures to monthly*)

Current Gross Monthly Income:	From Where?	Total
Salary, Wages		
Social Security Administration		
Supplemental Security Income (SSI)		
VA-Department of Veterans Affairs		
Annuity		
Pension		
Trust		
Other		

L. Life insurance policy(ies)

Owner of Policy	1.	2.	3.
Insurance Company			
Face Value			
Cash Surrender Value			
Insured (Full Name)			
Beneficiary(s)			
Successor Beneficiary(s)			

M. Health Insurance

	Policy Name	*Premium*
Health Insurance / Medicare		
Supplemental Health Insurance		
MassHealth		
Prescription Drug Plan		

This form was completed by: _____ Date: _____

Questionnaire Scanned ☐