



Conservatorship and Guardianship Intake Form

I. Information about the Protected Person.

Tell us why the protected person needs protection, including personal care, concerns to protect the person's assets and income.

Full Name: _____ Date of Birth: _____

Also known as: _____

Name of Facility, if applicable: _____ Date Admitted: _____

Street Address: _____
Street City State Zip

Mailing Address: (if different) _____
Street City State Zip

Phone Number: _____ County of Residence: _____ SSN: _____

If married, provide name of spouse: _____ or Date of Death: _____

II. Estate Planning Documents

Please check the applicable box and provide copies.

Will Advanced Directives General Durable Power of Attorney Medical Power of Attorney

III. Medical Information

Provide name of Doctor(s) and contact information (mailing address, email address and phone number):

1. _____

2. _____

Summarize prognosis/diagnosis: _____

Date of Last evaluation: _____ Documentation available Yes No

IV. Contact information for Adult Children of the Protected Person

Name of Person: _____ Date of Birth: _____

Street Address: _____
 Street City State Zip

Name of Person: _____ Date of Birth: _____

Street Address: _____
 Street City State Zip

V. Financial Information

Description of Assets (e.g. bank accounts, property, insurance, pensions, property)	Estimated Value

Description of Income (e.g. social security, pension and insurance)	Estimated Monthly Income

VI. Information about you as the Petitioner

Name of Person: _____ Date of Birth: _____

Street Address: _____
 Street City State Zip

Phone #: _____ Email: _____

Occupation: _____ Last 4-digits of the SSN: _____

Do you wish to be the conservator/guardian nominee? **If No**, please provide contact information below for the guardian/conservator nominee.

Name of Person: _____ Date of Birth: _____

Street Address: _____
 Street City State Zip

Phone #: _____ Email: _____

Occupation: _____ Last 4-digits of the SSN: _____

VII. Required documentation for nominee guardian and conservator.

- a) **Copy of Driver's License.** We will obtain a current criminal background check from CBI.
- b) **Current credit report:** Contact any of the following credit reporting agencies:
 - Equifax, Inc., P.O. Box 740241, Atlanta, GA 30374, 1-800-685-1111, or at www.equifax.com
 - Experian, P.O. Box 2002, Allen, TX 75013, 1-888-397-3742, or at www.experian.com
 - TransUnion, P.O. Box 2000, Chester, PA 19022, 1-800-916-8800, or at www.transunion.com