



CONFIDENTIAL  
GUARDIANSHIP QUESTIONNAIRE

The following questionnaire is designed to expedite our efforts in representing you in the Article 81 Guardianship proceeding. Whether you are a new or an established client, we have found this questionnaire extremely helpful and therefore ask your indulgence in completing it fully. Those questions that do not apply to your family or financial situation may be ignored. Please feel free to attach additional pages where space is insufficient or to provide other information you feel is relevant.

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Guardianship proceedings under New York State law require a basic understanding of certain terminology. The legal definition of the person for whom you are requesting a Guardian,

\_\_\_\_\_ who \_\_\_\_\_, is the ***Alleged Incapacitated Person*** (AIP); the person who \_\_\_\_\_ (*Name*) petitions the Court is the ***Petitioner***; and the person whom the Court appoints is the ***Guardian of Personal Needs and/or Property Management***. The Petitioner and the Guardian may be the same person, or different persons. One person may be the Guardian for both Personal Needs and Property Management, or there may be a separate Guardian for each.

**DO NOT BE CONCERNED IF YOU CANNOT ANSWER ALL OF THE QUESTIONS**

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Telephone \_\_\_\_\_

No.: \_\_\_\_\_

Name of Alleged Incapacitated Person (AIP): \_\_\_\_\_

Relationship, if any, of AIP to you: \_\_\_\_\_

Address of AIP: \_\_\_\_\_

AIP's Date of Birth:

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Do you believe that the AIP will oppose appointment of a Guardian?

Yes \_\_\_\_\_ No \_\_\_\_\_

Will you propose a change of residence for the AIP if different from the present?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why do you believe a change of residency may be necessary?

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If you are not interested in being Guardian, provide name(s) of Proposed Guardian(s):

Name:

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Address:

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Telephone No.

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Name:

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Address:

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Telephone No.

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Would proposed Guardian(s) have difficulty obtaining a bond?

(a required insurance policy which may be required by the Court ensuring that the Guardian properly discharged his or her duties)

Yes \_\_\_\_\_ No \_\_\_\_\_

Proposed Standby Guardian, if any:

Name:

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Address:

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Telephone

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No.

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Close relatives of AIP:

**SPOUSE:**

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Name:

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Address:

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Telephone  
No.

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**PARENTS:**

Name:

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Address:

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Telephone  
No.

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**ADULT SIBLINGS:**

Name:

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Address:

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Telephone  
No.

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*(USE THE BACK OF THIS PAGE IF NECESSARY)*

**ADULT CHILDREN:**

Name:

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Address:

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Telephone  
No.

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Name:

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Address:

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Telephone  
No.

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**OTHERS:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone  
No. \_\_\_\_\_

**Persons being supported as Dependents by the AIP:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone  
No. \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone  
No. \_\_\_\_\_

**Other interested parties (Check all that apply):**

\_\_\_\_\_ Person(s) with whom AIP resides:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone  
No. \_\_\_\_\_

\_\_\_\_\_ Person(s) with whom the AIP appointed under a Health Care Proxy:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone  
No. \_\_\_\_\_

\_\_\_\_\_ Person(s) whom the AIP appointed under a Power of Attorney:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone  
No. \_\_\_\_\_

\_\_\_\_\_ Person(s) who regularly visit(s) the AIP:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone  
No. \_\_\_\_\_

\_\_\_\_\_ Person(s) who regularly communicate(s) with the AIP, e.g., by mail, telephone:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone  
No. \_\_\_\_\_

\_\_\_\_\_ Any public agency that assists the AIP:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone  
No. \_\_\_\_\_

Why do you believe the AIP needs a Guardian to make financial decisions?

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Why do you believe the AIP needs a Guardian for personal needs?

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Why do you believe the Proposed Guardian(s) is/are suitable?

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Relationship of Proposed Guardian(s) to AIP:

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Functional Limitations of AIP (***Indicate whether the AIP can or cannot perform the following by him/herself:***)

| <u>CAN</u> | <u>CANNOT</u> | <u>EXPLAIN</u>  |
|------------|---------------|---|
| <hr/>      | <hr/>         | Walking<br><hr/>  |
| <hr/>      | <hr/>         | Eating<br><hr/>   |
| <hr/>      | <hr/>         | Dressing<br><hr/>   |
| <hr/>      | <hr/>         | Grooming<br><hr/>   |
| <hr/>      | <hr/>         | Toileting<br><hr/>  |
| <hr/>      | <hr/>         | Transferring from<br>bed to chair or<br>toilet<br><hr/>                                 |
| <hr/>      | <hr/>         | Housekeeping<br>Making<br>investment<br>decisions<br><hr/>                              |
| <hr/>      | <hr/>         | Dealing with pension, retirement,<br>IRA, KEOGH/SEP and other<br>similar plans<br><hr/> |
| <hr/>      | <hr/>         | Making decisions regarding social<br>environment and social activities<br><hr/>         |
| <hr/>      | <hr/>         | Making reasonable family gifts<br><hr/>   |

| <u>CAN</u> | <u>CANNOT</u> | <u>EXPLAIN</u>  |
|------------|---------------|---|
| <hr/>      | <hr/>         | Leaving residence by self,<br>without getting lost<br><hr/>                 |
| <hr/>      | <hr/>         | Applying for government<br>entitlements<br><hr/>                            |
| <hr/>      | <hr/>         | Taking medication as<br>prescribed by physician or<br>psychologist<br><hr/> |
| <hr/>      | <hr/>         | Consenting to or refusing<br>routine medical treatment<br><hr/>             |
| <hr/>      | <hr/>         | Shopping<br><hr/>   |

|       |       |                                |
|-------|-------|--------------------------------|
| _____ | _____ | _____                          |
| _____ | _____ | Reading mail                   |
| _____ | _____ | Answering<br>telephone         |
| _____ | _____ | Making bank<br>deposits        |
| _____ | _____ | Writing checks                 |
| _____ | _____ | Driving a car                  |
| _____ | _____ | Using public<br>transportation |
| _____ | _____ | _____                          |

What functions can the AIP currently perform:

\_\_\_\_\_

\_\_\_\_\_

Have there been any unusual or potentially dangerous behaviors? Describe in detail.

\_\_\_\_\_

\_\_\_\_\_

Has the AIP done anything with her/his possessions/property that you disapprove of?

\_\_\_\_\_

\_\_\_\_\_

Describe the AIP's current gift-giving patterns. Who are the beneficiaries and what are their relationships, if any, to the AIP?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the AIP presently employed? Yes  No

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

AIP's occupation: \_\_\_\_\_

Does AIP have business responsibilities? Yes  No

Describe: \_\_\_\_\_

\_\_\_\_\_

Does AIP have responsibilities for others? Yes  No

Describe: \_\_\_\_\_

\_\_\_\_\_

Medical or psychiatric  
problems and  
diagnosis: \_\_\_\_\_

Last visit to the Doctor: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Treating physicians or psychiatrists  
name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Dates and places of recent  
hospitalizations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications and Dosages: \_\_\_\_\_

\_\_\_\_\_

Pharmacist's  
name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_



Health Care Documents (Check all that apply):

Health Care Proxy

Name of Proxy: \_\_\_\_\_

Dated: \_\_\_\_\_

Living Will:

Dated: \_\_\_\_\_

DNR (Do Not Resuscitate) Order:

Dated: \_\_\_\_\_

Should competency of AIP at time of signing any of the above be questioned?

Yes \_\_\_ No \_\_\_

How is payment made for medical bills? (Check all that apply):

Medicare number:

Medicare Insurance Supplement

Private Health Insurance

Medicaid Number:

Cash

Description and amount of AIP's monthly income (Check all that apply, and state amount):

Social Security: \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_

Annuity Income: \$ \_\_\_\_\_

Stock Income: \$ \_\_\_\_\_

Bond Income: \$ \_\_\_\_\_

Real Estate  
Income: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

State checking account number and bank location:

\_\_\_\_\_  
\_\_\_\_\_

State savings account number and bank location:

\_\_\_\_\_  
\_\_\_\_\_

Description and value of AIP's financial resources (Check all that apply):

\_\_\_\_\_ Bonds: \_\_\_\_\_

\_\_\_\_\_ Stocks: \_\_\_\_\_

\_\_\_\_\_ Other investments: \_\_\_\_\_

\_\_\_\_\_ Life Insurance: \_\_\_\_\_

\_\_\_\_\_ Home: \_\_\_\_\_

\_\_\_\_\_ Other Real Estate: \_\_\_\_\_

\_\_\_\_\_ Valuable property, such as jewelry, requiring protection: \_\_\_\_\_

What is AIP's safe deposit box address: \_\_\_\_\_

State name of AIP's tax preparer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

State name of AIP's financial planner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Recent changes in economic position since the AIP became incapacitated (Check all that apply):

\_\_\_\_\_ Large withdrawals of money from banks or stock accounts:

Amounts of withdrawal:

\_\_\_\_\_ Transfers of real property:

\_\_\_\_\_ Trust Funds created:

\_\_\_\_\_ Other:

Existence of property documents (Check all that apply):

\_\_\_\_\_ Power of Attorney

\_\_\_\_\_ Deeds

\_\_\_\_\_ Trusts

If AIP is living in the community (i.e., is not living in an institution), state monthly budget of AIP:

Housing Costs \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Electric \$ \_\_\_\_\_

Recreation \$  
Medical \$  
Special Therapies \$  
Equipment Needed \$  
Housing improvements/alterations \$  
Insurance \$  
Taxes \$  
Other \$

Nature and amount of outstanding liabilities, claims, debts and obligations  
(Check all that apply):

\_\_\_\_\_ Mortgage Payments

Amount \$ \_\_\_\_\_

Paid timely? Yes \_\_\_\_\_ No \_\_\_\_\_

Possibility of foreclosure? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Current Rent

Amount \$ \_\_\_\_\_

Possibility of Eviction? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Insurance

\_\_\_\_\_ Home \$ \_\_\_\_\_

\_\_\_\_\_ Car \$ \_\_\_\_\_

\_\_\_\_\_ Life \$ \_\_\_\_\_

Medical: \$ \_\_\_\_\_

Possibility of Lapses? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Bank Loans

Amount: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

\_\_\_\_\_ Private Loans

Amount: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

\_\_\_\_\_ Credit Cards (Circle those possessed):

\_\_\_\_ Visa/MasterCard/American

\_\_\_\_ Express/Discover

Other: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

Any known Estate Plans of AIP (Check all that apply):

Will  
                    Will  
                    location: \_\_\_\_\_  
Name of Will Attorney: \_\_\_\_\_  
                    Address: \_\_\_\_\_

Funeral Arrangements

Present care plan of AIP (Check all that apply and provide names, if known):

Caretakers  
 Relatives  
 Friends and neighbors  
 Private agency supports  
 Government supports  
 Case manager \_\_\_\_\_  
                    Address: \_\_\_\_\_  
                    Telephone  
                    No.: \_\_\_\_\_

Emergencies requiring immediate action (Check all that apply):

Health hazards  
 Fire hazards  
 Utility shut offs  
 Foreclose or eviction  
 Lapse in insurance  
                     House  
                     Health  
                     Car

Other information to assist Court:

Does AIP understand English?                      Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, what  
languages? \_\_\_\_\_  
Is AIP a plaintiff or Defendant in any present  
lawsuits?    Yes \_\_\_\_\_ No \_\_\_\_\_