



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 ask you to complete it prior to your appointment. Those questions that do not apply to your family or financial situation may simply be left blank. Please feel free to attach additional pages where space is needed or to provide other information you feel is relevant.

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:

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?

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

Name:

Address:

Telephone No.

Name:

Address:

Telephone No.

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:

Address:

Telephone

No.

Close relatives of AIP:

SPOUSE:

Name:

Address:

Telephone
No.

PARENTS:

Name:

Address:

Telephone
No.

ADULT SIBLINGS:

Name:

Address:

Telephone
No.

(USE THE BACK OF THIS PAGE IF NECESSARY)

ADULT CHILDREN:

Name:

Address:

Telephone
No.

Name:

Address:

Telephone
No.

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?

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

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

Relationship of Proposed Guardian(s) to AIP:

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 <hr/>
<hr/>	<hr/>	Eating <hr/>
<hr/>	<hr/>	Dressing <hr/>
<hr/>	<hr/>	Grooming <hr/>
<hr/>	<hr/>	Toileting <hr/>
<hr/>	<hr/>	Transferring from bed to chair or toilet <hr/>
<hr/>	<hr/>	Housekeeping Making investment decisions <hr/>
<hr/>	<hr/>	Dealing with pension, retirement, IRA, KEOGH/SEP and other similar plans <hr/>
<hr/>	<hr/>	Making decisions regarding social environment and social activities <hr/>
<hr/>	<hr/>	Making reasonable family gifts <hr/>

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

_____	_____	_____
_____	_____	Reading mail
_____	_____	Answering telephone
_____	_____	Making bank deposits
_____	_____	Writing checks
_____	_____	Driving a car
_____	_____	Using public 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 \$ _____

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 _____