Respondent Intake Form

Full Name:

Current Address:

Current Phone Number:

Length of time at current facility:

Family:

Social Security Number:

Medical Provider/ Date of last exam:

Are there POAs or Trusts or Blocked Accounts?

Should these be used in lieu of Guardianship?

Capacity to execute Protective Arrangement?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assets:

Income sources/amount:

Debts:

Voting history:

Explain:

Substance of Petition

Their right to contest the petition

Agreement to Guardianship?

Nature of the hearing

Reaction to identity of the proposed guardian

Their right to jury trial on issue of alleged capacity

Their right to an attorney

Their preference regarding choice of counsel

Ask if the AIP wants to be at hearing

**Proposed Guardian Intake**

The proposed Guardian’s knowledge of the duties, requirements and limitations of a Guardian:

The steps the proposed Guardian intends to take or has taken to identify and meet the needs of the Respondent:

Criminal History of proposed Guardian?

Have the proposed professional guardian’s Declaration/ Statement of Fees been filed?

Mandatory Training?