**A. Personal Information Regarding Respondent/Subject:**

|  |  |
| --- | --- |
| Date of Birth: |       |
| Age: |       |
| Current Residence: |       |
| Telephone Numbers: |       |
| DSHS (ACES) Client # |       |
| Is Respondent a Veteran? | Branch: [ ] DD-214? |

1. **Respondent’s Responses Regarding Specific Issues:**

|  |  |
| --- | --- |
| Agreement or objection to appointment of a Guardian: |       |
| Reaction to the proposed Guardian: |       |
| Right to counsel: |       |
| Preferences regarding choice of counsel: |       |
| Right to a jury trial: |       |
| Right to vote: |  |
| Preference re: attendance at hearing |  |

 **C. Estimate of Estate (Based on Available Information).**

|  |  |
| --- | --- |
| Real Property | $      |
| Cash on Hand | $      |
| Business | $      |
| Securities | $      |
| Mortgages and Notes | $      |
| Bank/Trust Account | $      |
| Cash Surrender Value Insurance | $      |
| Personal Property | $      |
| Sources of Income | $      |
|  Other: Social Security | $      |
|  Other: SSI | $      |
|  Other: Retirement/Pension |  |
|  Other: DOD/DFAS | $      |
|  Other: Investments |  |
| **ESTIMATED TOTAL** | **$** |

1. **Respondent’s:**

**Primary Care Physician:**

 **Other Doctors:**

 **Dentist:**

 **Caregivers (if any)** :

 **Savings Balance/Bank:**

 **Checking Balance/Bank**:

 **Investments:**

 **Real Estate:**

 **Funeral Plan:**

 **DPOA (Person/Estate):**

 **Will (By Whom/Where is Original):**

 **Spouse:**

 **Father:**

 **Mother: Maiden Name:**

 **Siblings:**

 **Children:**

**Issues of concern to the AIP**:

**Action needed prior to hearing:**