**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:**