

STATEMENT OF PROPOSED GUARDIAN'S PLANS

Name of Alleged Incapacitated Person (AIP): _____

Current residence of AIP: _____

Name of proposed guardian: _____

1. How were you selected by the Petitioner?
2. What is your knowledge of AIP's background and current status including assessment of AIP's capabilities and needs?
3. Persons with whom you have had contact regarding AIP's background and needs.
Name
Relationship
4. Your plans for AIP's care if appointed as guardian.
5. If you are a Certified Professional Guardian (CPG) you are bound by Standards of Practice (SOP). In particular how do you customarily meet the requirements of the 400 series in the SOPs to involve the AIP in decision making including assessing the AIP's interests, preferences, and opinions?

Signature of Proposed Guardian

Date

Name of Proposed Guardian