

## AIP Intake Form

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Length of time at current facility: \_\_\_\_\_

Orientation to person/place/time: \_\_\_\_\_

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? \_\_\_\_\_

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 AIP:

Criminal History of proposed Guardian?

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

Mandatory Training?