

Guardianship of \_\_\_\_\_

Interview Date: \_\_\_\_\_

**A. Personal Information Regarding Alleged Incapacitated Person:**

Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_  
Current Residence: \_\_\_\_\_  
Telephone Numbers: \_\_\_\_\_  
DSHS Client Number: \_\_\_\_\_

**B. Alleged Incapacitated Person'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: \_\_\_\_\_  
Right to possess weapons \_\_\_\_\_

**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:	\$
	\$
	\$
	\$
<b>ESTIMATED TOTAL</b>	<b>\$</b>

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**D. Alleged Incapacitated Person's Providers and Banks:**

**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:** \_\_\_\_\_

