



## Conservatorship and Guardianship Intake Form

### I. Information about the Protected Person.

Tell us why the protected person needs protection, including personal care, concerns to protect the person's assets and income.

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other names/aliases: \_\_\_\_\_

Name of Facility, if applicable: \_\_\_\_\_ Date Admitted: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: (if different) \_\_\_\_\_  
Street City State Zip

Primary Phone Number: \_\_\_\_\_ County of Residence: \_\_\_\_\_ SSN: \_\_\_\_\_

If married, name of spouse: \_\_\_\_\_ or Date of Death: \_\_\_\_\_

### II. Estate Planning Documents

Please check the applicable box and provide copies.

☐ Will ☐ Advanced Directives ☐ General Durable Power of Attorney ☐ Medical Power of Attorney  
☐ Trust

### III. Medical Information

Provide name of Doctor(s) and contact information (mailing address, email address and phone number):

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

Summarize prognosis/diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Last evaluation: \_\_\_\_\_ Documentation available ☐ Yes ☐ No

#### IV. Contact information for Adult Children of the Protected Person

Name of Person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street City State Zip

Name of Person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street City State Zip

#### V. Financial Information

Description of Assets (e.g. bank accounts, property, insurance, pensions, property)	Estimated Value

Description of Income (e.g. social security, pension and insurance)	Estimated Monthly Income

#### VI. Information about You

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street City State Zip

Occupation: \_\_\_\_\_ SSN: \_\_\_\_\_

Do you wish to be the conservator/guardian nominee? **If No**, please provide contact information below for the guardian/conservator nominee.

Name of Person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street City State Zip

Occupation: \_\_\_\_\_ SSN: \_\_\_\_\_

#### VII. Required documentation for nominee guardian and conservator.

a) **Copy of Driver's License.** We will obtain a current criminal background check from CBI.

b) **Current credit report:** Contact any of the following credit reporting agencies:

- Equifax, Inc., P.O. Box 740241, Atlanta, GA 30374, 1-800-685-1111, or at [www.equifax.com](http://www.equifax.com)
- Experian, P.O. Box 2002, Allen, TX 75013, 1-888-397-3742, or at [www.experian.com](http://www.experian.com)
- TransUnion, P.O. Box 2000, Chester, PA 19022, 1-800-916-8800, or at [www.transunion.com](http://www.transunion.com)