

THE PROPOSED WARD AND CONSERVATEE:

Name

Address

City

State

Zip Code

Phone number

Date of Birth

Current Age

Social Security #

Dependents

REASON THIS PERSON NEEDS A GUARDIAN OR CONSERVATOR

(State a medical diagnosis if known and length of condition. If not known, state common symptoms of condition. State how the person functions on daily living situations - i.e. Dressing, bathing, finances, transportation, dangers to self or others, etc.)

PRIMARY CARE DOCTOR OF PROPOSED WARD:

Name

Address

Phone

Fax

ASSETS/MONTHLY INCOME OF PROPOSED WARD:

Income Source	Monthly Income	Interest Income	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Assets	Approximate Value	Yearly Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GOVERNMENT BENEFITS:

If the proposed ward receives any assistance from the government or other organizations, please list the program and amounts below:

Medicaid: _____ Disability: _____
Social Security: _____ Public assistance: _____
Section 8 Housing: _____
Other: _____ Other: _____
Other: _____ Other: _____

NAMES OF INTERESTED PARTIES: (parents, children, grandparents, siblings)

Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a Special Needs Trust established for this person? _____