

GUARDIANSHIP INTAKE FORM

Petitioner (Seeking Guardianship)

Name: _____

Address: _____

Phone: _____

Respondent (Needs Guardian)

Name: _____

Height: _____

Address: _____

Weight: _____

Eye Color: _____

Birthdate: _____

Hair Color: _____

SSN: _____

License or ID No.: _____

Is Respondent married? Y N

Spouse's Name: _____

Address: _____

REAL PROPERTY:

Does Respondent own real estate? Y N

Address: _____

Address: _____

Value: _____

Value: _____

Joint rights of survivorship? Y N

Joint rights of survivorship? Y N

ACCOUNTS:

Bank: _____

Type of Account: _____

Value: _____

Joint rights of survivorship? Y N

Payable on Death: Y N

Bank: _____

Type of Account: _____

Value: _____

Joint rights of survivorship? Y N

Payable on Death: Y N

Bank: _____

Type of Account: _____

Value: _____

Joint rights of survivorship? Y N

Payable on Death: Y N

Bank: _____

Type of Account: _____

Value: _____

Joint rights of survivorship? Y N

Payable on Death: Y N

PERSONAL PROPERTY:

Item: _____ Value: _____

Item: _____ Value: _____

Item: _____ Value: _____

Item: _____ Value: _____

Item: _____ Value: _____

Item: _____ Value: _____

Item: _____ Value: _____

Item: _____ Value: _____

NOTES:
