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**GUARDIANSHIP/CONSERVATORSHIP QUESTIONNAIRE**

1. **YOUR PERSONAL INFORMATION:**

A. Your Full Name and Address:

\_\_\_\_\_

\_\_\_\_\_

B. Home Telephone Number: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

C. Social Security Number: \_\_\_\_\_

D. Date of Birth: \_\_\_\_\_

E. Citizenship: \_\_\_\_\_

F. State of Present Health: \_\_\_\_\_

G. State your relationship to the alleged incapacitated person(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

H. State your interest in the action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. **PERSONAL INFORMATION**

A. Name: \_\_\_\_\_

B. Address: \_\_\_\_\_

C. Date of Birth: \_\_\_\_\_

D. The names, addresses and dates of birth of the alleged incapacitated person's children, if any:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. The names and addresses of the alleged incapacitated person's living parents and nearest of kin:

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F. The name and address of the person or institution having the care and custody of the alleged incapacitated person \_\_\_\_\_

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G. If the alleged incapacitated person has lived in an institution, the period or periods of time the alleged incapacitated person has lived therein, the date of the commitment or confinement, and by what authority committed or confined: \_\_\_\_\_

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H. State the name and address of any person named as attorney-in-fact in any power of attorney executed by the alleged incapacitated person, any person named as health care representative in any health care directive executed by the alleged incapacitated person, and any person acting as trustee under a trust for the benefit of the alleged incapacitated person:

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I. How did you hear about us? \_\_\_\_\_

**II. APPROXIMATION OF ASSETS OF ALLEGED INCAPACITATED PERSON:**

A. State the nature, location and fair market value of all real estate in which the alleged

incapacitated person has or may have a present or future interest, stating the interest, describing the real estate fully or by metes and bounds, and stating the assessed valuation thereof :

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B. State the nature of the personal estate which he or she is, will or may in all probability become entitled to, including the nature and total or annual amount of any compensation, pension, insurance, or income which may be payable to the alleged incapacitated person:

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C. If you cannot secure such information, the complaint shall so state and give the reasons:

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D. State nature and amount of all income that the alleged incapacitated person receives:

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**III. MEDICAL DIAGNOSIS:**

A. State and names and addresses of two (2) doctors who can provide a diagnosis and

certification that the alleged incapacitated person required a Guardian (We will provide proposed forms for the doctors to sign.)

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**THIS ASSET LIST WILL ACT AS A GUIDE TO LISTING ANY AND ALL REAL ESTATE OR PERSONAL ASSETS OF THE ALLEGED INCAPACITATED PERSON.**

**ASSET LIST**

<b><u>Real Estate</u></b>	<b><u>Market Value</u></b>	<b><u>Mortgage</u></b>	<b><u>Equity</u></b>	<b><u>Owner</u></b> <b><u>(Individual or Jt.)</u></b>
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Residence	\$ _____	\$ _____	\$ _____	_____
Business Property	\$ _____	\$ _____	\$ _____	_____
Vacation Home	\$ _____	\$ _____	\$ _____	_____
Rental	\$ _____	\$ _____	\$ _____	_____

<b><u>Investments</u></b>	<b><u>Market Value</u></b>	<b><u>Loans</u></b>	<b><u>Net Value</u></b>	<b><u>Owner</u></b> <b><u>(Individual or Jt.)</u></b>
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Stocks	\$ _____	\$ _____	\$ _____	_____
Mutual Funds	\$ _____	\$ _____	\$ _____	_____
Bonds	\$ _____	\$ _____	\$ _____	_____
U.S. Bonds	\$ _____	\$ _____	\$ _____	_____
Mortgage	\$ _____	\$ _____	\$ _____	_____
Loans	\$ _____	\$ _____	\$ _____	_____

TOTAL \$ \_\_\_\_\_

<b><u>Employee Benefits</u></b>	<b><u>Market Value</u></b>	<b><u>Beneficiary</u></b>	<b><u>Owner</u></b>
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Group Insurance	\$ _____	_____	_____
Personal Insurance	_____	_____	_____
Fraternal Assoc. Ins.	_____	_____	_____
Profit Sharing	_____	_____	_____
Pension Benefits	_____	_____	_____
Stock Options	_____	_____	_____

TOTAL \$ \_\_\_\_\_

**Miscellaneous**

**Owned (Individual. or Joint)**

Savings Account	\$ _____	_____
Cash (Checking Acct., Etc.)	_____	_____
Works of Art/Jewelry	_____	_____
Furniture	_____	_____
Automobiles	_____	_____
Personal Effects	_____	_____

TOTAL \$ \_\_\_\_\_

<b><u>Business Interests</u></b>	<b><u>Total</u></b> <b><u>Market Value</u></b>	<b><u>Percentage</u></b> <b><u>of Interest</u></b>	<b><u>Value of Interest</u></b>
Corporation	\$ _____	\$ _____	\$ _____
Partnership	_____	_____	_____
Proprietorship	_____	_____	_____
		TOTAL	\$ _____
	GRAND TOTAL		\$ _____