

INITIAL GUARDIANSHIP WORKSHEET

(DEVELOPMENTAL DISABILITY)

Person here today: Click here to enter text.

Date: Click here to enter a date.

PROPOSED WARD'S INFORMATION:

Name: Click here to enter text.

Age: Click here to enter text. **Date of Birth:** Click here to enter text.

Social Security #: Click here to enter text.

Proposed Ward's Address: Click here to enter text.

Nature of Developmental Disability:

Choose an item.

Other (describe): Click here to enter text.

Specific and exact areas in which the person lacks the decision-making ability to make informed decisions about their care and treatment services or to meet the essential requirements for their physical health or safety are:

- | | |
|---|---|
| <input type="checkbox"/> To marry | <input type="checkbox"/> To personally apply for government benefits |
| <input type="checkbox"/> To travel | <input type="checkbox"/> To make decisions about their social environment or other social aspects of their life |
| <input type="checkbox"/> To have a driver's license | <input type="checkbox"/> To vote |
| <input type="checkbox"/> To determine their residency | <input type="checkbox"/> To seek or retain employment |
| <input type="checkbox"/> To consent to medical, dental, surgical care and mental health treatment | |

The proposed Ward's Primary care physician's name, address & phone #:

Name, Address, and Phone Number

Nature and value of property subject to the guardianship (i.e. clothes, phone, and personal property):

Describe the nature of property

Estimated value: \$ Amount

PROPOSED WARD'S FINANCIAL INFORMATION:

1. The proposed Ward has Choose # **dependents.**

2. The proposed Ward has take-home income of \$ Amount paid weekly bi-weekly monthly yearly

(Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court ordered support payments)

3. The proposed Ward has other income paid weekly bi-weekly monthly yearly

Social Security	Yes or No	\$ Amount	Veterans' benefits	Yes or No	\$ Amount
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benefits					
Unemployment compensation	Yes or No	\$ Amount	Child support or other regular support	Yes or No	\$ Amount
Union Funds	Yes or No	\$ Amount	from family members/spouse	Yes or No	\$ Amount
Workers compensation	Yes or No	\$ Amount	Rental income	Yes or No	\$ Amount
Retirement/pensions	Yes or No	\$ Amount	Dividends or interest	Yes or No	\$ Amount
Trusts or gifts	Yes or No	\$ Amount	Other income not on the list	Yes or No	\$ Amount

4. The proposed Ward has other assets:

Cash	Yes or No	\$ Amount
Savings	Yes or No	\$ Amount
Bank account(s)	Yes or No	\$ Amount
Stocks/bonds	Yes or No	\$ Amount
Certificates of deposit or money market accounts	Yes or No	\$ Amount
Equity in Real estate (excluding homestead)*	Yes or No	\$ Amount
Equity in vehicles/Boats/Other tangible property*	Yes or No	\$ Amount

*include expectancy of an interest in such property

5. The proposed Ward has a total amount of liabilities and debts in the amount of \$ _Amount

6. The proposed Ward has a private lawyer in this case Yes or No

PROPOSED GUARDIAN(S) INFORMATION:

Guardians will act: **IN ORDER** *or* **CO-GUARDIANS**

1. **Name:** Click here to enter Name

Relationship to proposed Ward: Click here to enter Name

Previously or currently serving as guardian for any other ward? Yes or No

If yes, list names of ward(s), county filed in and court file number(s), status and position:

Click here to enter text.

Any physical disabilities? Yes or No **If yes, please describe:** Click here to enter text.

Work Telephone Number: (Area) Number - Number

Cell Telephone Number: (Area) Number - Number

Home Telephone Number: (Area) Number - Number

Email address: Click here to enter text.

2. **Name:** Click here to enter Name

Relationship to proposed Ward: Click here to enter Relationship

Previously or currently serving as guardian for any other ward? Yes or No

If yes, list names of ward(s), county filed in and court file number(s), status and position:

Click here to enter text.

Any physical disabilities? Yes or No **If yes, please describe:** Click here to enter text.

Work Telephone Number: (Area) Number - Number

Cell Telephone Number: (Area) Number - Number

Home Telephone Number: (Area) Number - Number

Email address: Click here to enter text.

3. **Name:** Click here to enter text.

Relationship to proposed Ward: Click here to enter text.

Previously or currently serving as guardian for any other ward? Yes or No

If yes, list names of ward(s), county filed in and court file number(s), status and position:

Click here to enter text.

Any physical disabilities? Yes or No **If yes, please describe:** Click here to enter text.

Work Telephone Number: (Area) Number - Number

Cell Telephone Number: (Area) Number - Number

Home Telephone Number: (Area) Number - Number

Email address: Click here to enter text.

4. **Parents' (or next of kin's) name, address & phone # if different than proposed guardians:**

Click here to enter text.

**WHEN DOCUMENT IS COMPLETED PLEASE EMAIL TO
ATTORNEY TASHA WARNOCK**

twarnock@levinslegal.com