

STEPHANIE L. SCHNEIDER, P.A.
NEW GUARDIANSHIP QUESTIONNAIRE (Adults)

INSTRUCTIONS:

(A) PLEASE COMPLETE THE QUESTIONNAIRE COMPLETELY TO THE BEST OF YOUR ABILITY. YOU MAY CALL OUR OFFICE FOR ASSISTANCE.

(B) YOUR ACCURACY AND COMPLETENESS IN RESPONDING WILL HELP US TO BEST ADVISE AND REPRESENT YOU. PLEASE COMPLETE ALL PARTS OF THE QUESTIONNAIRE OR WE WILL BE UNABLE TO MEET WITH YOU.

GENERAL INFORMATION

- A. Were you referred to our office and if so, by whom? _____.
- B. If not, what made you choose our office? _____.
-
1. Proposed Guardian's Name: _____
2. Guardian's Mailing Address: _____
3. Guardian's Residence (If different): _____
4. Guardian's Phone Number: Home _____ Office: _____ Cell: _____
5. Guardian's Date of Birth: _____
6. Guardian's Social Security #: _____
7. Is the Guardian a US Citizen? _____ Is the Guardian a resident alien? _____
8. Ward's Name¹: _____
9. Ward's a/k/a, if any: _____
10. Ward's Mailing Address: _____
11. Ward's Phone Number: _____
12. Ward's Residence: (if different) _____
13. Ward's Social Security #: _____
14. Ward's Date of Birth: _____
15. Ward's Place of Birth: _____
16. Ward's Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow _____
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¹The term "ward" is the legal name for the incapacitated person who requires a guardianship.

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17. Ward's Race: _____ Height _____ Weight _____
18. Ward's Length of Time in Florida: _____
19. Is ward a U.S. Citizen? _____ Is ward a resident alien? _____
20. Identify Ward's Employer, Name, Address, Phone Number and Ward's Title of Position with Employer:

21. Attending Physician Name, Address, Phone Number: _____

22. Describe the Ward's incapacity (for example, Alzheimer's, senility, stroke) and when it occurred or was first diagnosed: _____

23. Describe what activities or responsibilities (physical & medical needs; bill paying and financial) the ward is unable to perform: _____

24. What is the best residential environment for the ward: Home _____ Nursing Facility _____
Assisted Living Facility _____ Other _____
25. Does the Guardian have blood, marital or other prior relationship with the ward? If so, describe relationship: _____
26. Names, phone number and addresses of Ward's next of kin. ***If any child of the incapacitated person has a disability identify the disability diagnosis*** (See note below): _____

NOTE: Florida law defines "next of kin" to be the heirs at law (people that would inherit). Therefore, you should list the spouse and children, or grandchildren if child who was their parent is dead; if none, then list siblings, or nieces and nephews if the sibling who was their parent is dead; if none, then list aunts, uncles or cousins; if none or if relatives unknown, then state NO KNOWN RELATIVES.

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27. Name & address of bank to use as the court depository: _____

28. Name of Petitioner (has personal knowledge of the incapacity and will sign the petition):

29. Address/Phone # of Petitioner: _____

30. Occupation/Title of Petitioner: _____

31. Does the ward have any of the following documents? Please provide copies to our office:

- | | |
|--------------------------------------|----------------|
| Last Will & Testament | ___ Yes ___ No |
| Codicil to the Will | ___ Yes ___ No |
| Living Will | ___ Yes ___ No |
| Designation of Health Care Surrogate | ___ Yes ___ No |
| Trust | ___ Yes ___ No |
| Advance Directive | ___ Yes ___ No |
| Durable Power of Attorney | ___ Yes ___ No |
| Declaration of PreNeed Guardian | ___ Yes ___ No |

32. What health insurance does the incapacitated person have (list names, policy #):

Medicare: _____

Supplemental (medigap): _____

HMO: _____

Long term care insurance: _____

COBRA: _____

Private insurance: _____

33. Is the incapacitated person currently receiving or, has he/she applied for the following public assistance:

	YES	NO	Gross Monthly Amount	Date Applied
Medicaid	_____	_____	_____	_____
Private Disability benefits	_____	_____	_____	_____
Supplemental Security Income	_____	_____	_____	_____
Supplemental Security Disability	_____	_____	_____	_____
Social Security Survivor benefits	_____	_____	_____	_____

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34. If the incapacitated person has a minor age child (under age 18) identify whether the child is receiving or has applied for the following programs:

	YES	NO	Gross Monthly Amount	Date Applied
Medicaid	_____	_____	_____	_____
Florida Kid Care	_____	_____	_____	_____
Florida Medi Kids	_____	_____	_____	_____
Supplemental Security Income	_____	_____	_____	_____
Supplemental Security Disability	_____	_____	_____	_____
Social Security Survivor benefits	_____	_____	_____	_____

Who is the representative payee for the Social Security benefits: _____

35. Has the prospective guardian ever:

- a) Been charged with a felony? Yes _____ No _____
- B) Convicted of a felony? Yes _____ No _____
- c) Arrested for a felony? Yes _____ No _____
- d) Entered a plea of not guilty or no contest to a felony? Yes _____ No _____

If the answer is yes you must provide specific dates and details: _____

36. Has the prospective guardian ever:

- a) Been charged with a crime other than a felony? Yes _____ No _____
- B) Convicted of a crime other than a felony? Yes _____ No _____
- c) Arrested for a crime other than a felony? Yes _____ No _____
- d) Entered a plea of not guilty or no contest to a crime other than a felony? Yes _____ No _____

If the answer is yes you must provide specific dates and details: _____

37. Has the prospective guardian ever filed for bankruptcy? Yes _____ No _____

Date: _____ Details: _____

38. Has the prospective guardian been charged with perjury, misrepresentation, fraud in a judicial or administrative proceeding: Yes _____ No _____

39. Has the prospective guardian been determined by a court to have committed child abuse or neglect?

Yes _____ No _____ Details: _____

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40. Has the prospective guardian been the subject of a confirmed report of abuse, neglect or exploitation?
Yes _____ No _____ Details: _____

A. ASSETS

1. Checking Account:

Bank Name: _____
Branch: _____
Account #: _____
Balance: _____
Owners: _____
Beneficiaries: _____

Bank Name: _____
Branch: _____
Account #: _____
Balance: _____
Owners: _____
Beneficiaries: _____

2. Savings Accounts:

Bank Name: _____
Branch: _____
Account #: _____
Balance: _____
Owners: _____
Beneficiaries: _____

Bank Name: _____
Branch: _____
Account #: _____
Balance: _____
Owners: _____
Beneficiaries: _____

3. Certificate of deposit:

Bank Name: _____
Branch: _____
Account #: _____
Balance: _____
Owners: _____
Beneficiaries: _____

Bank Name: _____
Branch: _____
Account #: _____

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Balance: _____
Owners: _____
Beneficiaries: _____

4. Money Market account:

Bank Name: _____
Branch: _____
Account #: _____
Balance: _____
Owners: _____
Beneficiaries: _____

Bank Name: _____
Branch: _____
Account #: _____
Balance: _____
Owners: _____
Beneficiaries: _____

5. Investment accounts:

Bank Name: _____
Branch: _____
Account #: _____
Balance: _____
Owners: _____
Beneficiaries: _____

Bank Name: _____
Branch: _____
Account #: _____
Balance: _____
Owners: _____
Beneficiaries: _____

6. Stocks/Securities (individually held not in an investment account):

Name of stock: _____
Shares: _____
Value: _____
Owners: _____
Beneficiaries: _____

Name of stock: _____
Shares: _____
Value: _____
Owners: _____
Beneficiaries: _____

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7. IRA's or 401ks:

Bank Name: _____
Branch: _____
Account #: _____
Balance: _____
Owners: _____
Beneficiaries: _____
Are minimum distributions being taken? _____ Amount: _____ Frequency: _____

Bank Name: _____
Branch: _____
Account #: _____
Balance: _____
Owners: _____
Beneficiaries: _____
Are minimum distributions being taken? _____ Amount: _____ Frequency: _____

8. Life Insurance:

Company Name: _____
Account #: _____
Cash surrender value: _____ Face value: _____
Whole life: _____ Term: _____
Insured: _____
Beneficiaries: _____

Company Name: _____
Account #: _____
Cash surrender value: _____ Face value: _____
Whole life: _____ Term: _____
Insured: _____
Beneficiaries: _____

9. Real estate: _____

10. Automobiles: _____

11. Annuities:

Company Name: _____
Account #: _____
Cash surrender value: _____
Is it currently paying (amount & frequency): _____
Maturity date: _____
Beneficiaries: _____

Company Name: _____
Account #: _____

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Cash surrender value: _____

Is it currently paying (amount & frequency): _____

Maturity date: _____

Beneficiaries: _____

12. Safe Deposit Box (list name of bank, address, box number) _____

B. INCOME

1. Pension:

Source Name & Address: _____

Amount of payment: _____

Frequency: _____

Source Name & Address: _____

Amount of payment: _____

Frequency: _____

2. Social Security:

Type & Amount of payment: _____

3. Reparations:

Source Name & Address: _____

Amount of payment: _____

Frequency: _____

4. Annuity:

Source Name & Address: _____

Amount of payment: _____

Frequency: _____

5. Veteran Benefits:

_____ Type of benefits: _____

Amount of payment: _____

Frequency: _____

6. I.R.A. Distributions _____

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Print Name: _____

Date: _____

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We appreciate you completing the following questions as to yourself. Caregivers are especially conscientious about facilitating the care needs of those they care for. Unfortunately, they are often remiss when it comes to making the time to address their own. We wish to ensure that your personal legal needs are being addressed by taking the time to discuss these issues with you.

“PROPER PLANNING MAY CREATE PEACE OF MIND”

Do you have the following legal documents in place:

	<u>YES</u>	<u>NO</u>	<u>I WANT TO KNOW MORE</u>
A. Last Will & Testament	_____	_____	_____
B. Revocable Trust	_____	_____	_____
C. Durable Power of Attorney	_____	_____	_____
D. Springing Durable Power of Attorney	_____	_____	_____
E. Designation of Health Care Surrogate	_____	_____	_____
F. Living Will	_____	_____	_____
/			
G. Organ Donation/Transplantation Request	_____	_____	_____
H. Declaration of Pre-need Guardian for a Minor	_____	_____	_____
I. Special Needs Trust for a disabled spouse or Family member	_____	_____	_____
J. Do Not Resuscitate Order	_____	_____	_____

If you consult with us as to your personal estate planning needs within the next three (3) months you will receive a 20% discount on the consultation and on the charge for estate planning documents. Please save a copy of this page and bring it with you to your personal consultation. We look forward to serving you.