

Guardianship Questionnaire



LEGACY LAW
Group LLC

Locations

5740 Grande Market Drive, Suite D
Appleton, WI 54913

916 Willard Drive, Suite 201
Green Bay, WI 54304

135 South Main Street
Clintonville, WI 54929

www.legacylawllc.com

Tel: 920-560-4651
Fax: 920-221-0114

Please bring this form with you to your initial meeting. All information provided herein is considered CONFIDENTIAL INFORMATION by LEGACY LAW GROUP, LLC and will not be shared with anyone outside of our office without your permission. Please call us if you have any questions.

Date Completed: _____ Referred By: _____ Located in: _____

Guardianship for:

Please Print

First Name _____ Middle _____ Last _____

Nickname _____ Social Security Number _____ - _____ - _____

Current address _____

Mailing address (if different) _____

County of Residence _____ U.S. Citizen: Yes No

Telephone _____ Birth date ____ / ____ / ____ Age _____

Facility Name with custody of Individual (if any) _____

Facility Address _____ Facility Phone _____

Social Worker (if any): _____

Military Service

Branch _____ Length of Service _____

Marital Status: Single Married Widowed Divorced

Spouse Name _____ Middle _____ Last _____

Proposed Guardian's Information:

First Name _____ Middle _____ Last _____

Nickname _____ Social Security Number _____ - _____ - _____

Birth date ____ / ____ / ____ U.S. Citizen: Yes No Email _____

Relationship to Individual Needing Guardian _____

Requesting Guardian of the (circle one): Person Estate Person & Estate

Type of Guardianship Requesting (circle one): Permanent Temporary

Nature of individual's incapacity _____

Co- Guardian or Standby Guardian's Information (if any):

First Name _____ Middle _____ Last _____

Nickname _____ Social Security Number _____ - _____ - _____

Birth date ____ / ____ / ____ U.S. Citizen: Yes No Email _____

Relationship to Individual Needing Guardian _____

Requesting Guardian of the (circle one): Person Estate Person & Estate

Type of Guardianship Requesting (circle one): Permanent Temporary

Nature of individual's incapacity _____

Spouse's Information:

Same as Proposed Guardian (don't need to fill out spouse info below)

Deceased: Date of Death ____ / ____ / ____ (fill out spouse info below)

Living, but not the Proposed Guardian (fill out spouse info below)

No spouse

First Name _____ Middle _____ Last _____

Name Used to Sign Legal Documents (please print) _____

Nickname _____ Social Security Number _____ - _____ - _____

Current address _____

City _____ State/ZIP _____ County of Residence _____

Home telephone _____ U.S. Citizen: Yes No

Birth date ____ / ____ / ____ Age _____

Military Service

Branch _____ Length of Service _____

NOMINATIONS FOR ESTATE PLAN

1. Does Individual have a Durable Power of Attorney? Y N

a. If so, acting Agent: _____

b. Agent's Address & Phone #: _____

c. Is document activated? Y N

2. Does Individual have a Health Care Power of Attorney? Y N

a. If so, Agent's name: _____

b. Agent's Address & Phone #: _____

c. Is document activated? Y N

CHILDREN'S INFORMATION

Child # 1 Age _____ Child of: Ward & Spouse Ward Only Spouse Only

First Name _____ Middle _____ Last _____

Male Female Nickname _____ Email _____

Home address _____

City _____ State _____ Zip _____

Home telephone _____ Cell phone _____

Birth date _____ / _____ / _____

Child # 2 Age _____ Child of: Client Only Client & Spouse Spouse Only

First Name _____ Middle _____ Last _____

Male Female Nickname _____ Email _____

Home address _____

City _____ State _____ Zip _____

Home telephone _____ Cell phone _____

Birth date _____ / _____ / _____

Child # 3 Age _____ Child of: Ward & Spouse Ward Only Spouse Only

First Name _____ Middle _____ Last _____

Male Female Nickname _____ Email _____

Home address _____

City _____ State _____ Zip _____

Home telephone _____ Cell phone _____

Birth date _____ / _____ / _____

Child # 4 Age _____ Child of: Ward & Spouse Ward Only Spouse Only

First Name _____ Middle _____ Last _____

Male Female Nickname _____ Email _____

Home address _____

City _____ State _____ Zip _____

Home telephone _____ Cell phone _____

Birth date _____ / _____ / _____

Child # 5 Age _____ Child of: Ward & Spouse Ward Only Spouse Only

First Name _____ Middle _____ Last _____

Male Female Nickname _____ Email _____

Home address _____

City _____ State _____ Zip _____

Home telephone _____ Cell phone _____

Birth date _____ / _____ / _____

Attach additional sheets if necessary

ASSET AND INCOME INFORMATION

NOTE: For a married person, only include their half interest in any joint assets

Approximate value of individual's property

- Cash/ Bank Accounts: \$ _____
- Other Liquid Assets: \$ _____
- Real Estate: \$ _____
- Other Assets: \$ _____

Are there any assets of the individual previously derived from or benefits of individual now due and payable from U.S. Department of Veterans Affairs? Y N

- If yes, what are they? _____

Is the individual receiving public benefits, including medical assistance, SSI, SSDI, or long term community options program benefits? Y N

- If yes, what type? Type: _____
- If yes, what amount? Amount: \$ _____

Are there any claims, income, compensation, pension, insurance, or allowance to which the individual may be entitled to? Y N

- If yes, what are they? _____

Approximate **monthly** income of individual

- Social Security: \$ _____
- Pension: \$ _____
- Disability: \$ _____
- Investment Income: \$ _____
- Other: \$ _____

PLEASE USE THIS SPACE FOR ANY ADDITIONAL FAMILY
INFORMATION OR FOR ANY QUESTIONS YOU MAY HAVE: