

**CLIENT QUESTIONNAIRE**  
**GUARDIANSHIP**

1. Name and social security number of the person for whom a guardian or conservator is sought (the prospective ward):

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2. Name of the client who is filing the petition:

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3. Relationship of the client to prospective ward:

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4. Birth date of prospective ward: \_\_\_\_\_

5. Race of prospective ward (required for petitions and orders involving incapacitated individuals):

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6. Gender of prospective ward: \_\_\_\_\_

7. City, village, or township of the prospective ward: \_\_\_\_\_

8. County of the prospective ward: \_\_\_\_\_ (This county may be where he or she is a resident, is located, or is institutionalized or in a government facility; the information is to show the court that venue is proper to grant the relief requested.)

9. State of the prospective ward: \_\_\_\_\_

10. Address and/or current location of the prospective ward: \_\_\_\_\_

11. City and zip code of the prospective ward: \_\_\_\_\_

12. Does the prospective ward have an income? Yes \_\_\_\_ No \_\_\_\_

13. If the prospective ward has granted a power of attorney, please state the name and address of the person granted the power:

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14. If the prospective ward has designated a patient advocate or granted a power of attorney for health care, please state the name and address of the person granted the power:

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15. If the prospective ward has a conservator, please state the person's name and address:

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16. The incapacity of the prospective ward is because of (circle all that apply)

- mental illness
- mental deficiency
- chronic drug use
- physical illness or disability
- chronic intoxication
- other

If "other" is circled, explain:

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17. The following are specific facts about the adult's condition and specific examples of his or her recent conduct that demonstrate the need for the appointment of a guardian. For each example of the adult's condition or conduct, give the name, address, and phone number of the witnesses who can testify about it. (This information is used to complete paragraph 7 of the petition.)

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- person with care and custody of prospective ward
- attorney in fact under durable power of attorney
- guardian, conservator, or guardian ad litem for an interested person
- attorney for an interested person

Name / Relationship (indicate if adult or minor) / Address:

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21. Set forth which of the above, if any, is under a legal incapacity. Set forth the legal incapacity and the representative of the individual, if any:

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22. Is there an emergency? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

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23. Name, address, telephone number, and relationship to the prospective ward of the person requested to be appointed as the guardian (if it is someone other than your client):

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24. \_\_\_ The prospective ward needs a full guardian since he or she is totally without capacity to care for himself or herself.

OR

\_\_\_ The prospective ward needs a limited guardian since he or she lacks the capacity to do some but not all tasks necessary to care for himself or herself.

25. Address and telephone number of the client/petitioner:

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26. If the prospective ward plans to nominate someone to serve as guardian, the nominee's name and address:

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27. Date that the prospective ward signed the nomination of guardian: \_\_\_\_\_

28. The prospective ward is unable to do the following:

- consent to medical treatment
- consent to surgical treatment
- make legal, contractual, and financial decisions
- make program and placement decisions
- release information or consent to photographs or fingerprints
- make and consent to living arrangements
- arrange travel and transportation, reserving the ward's right to make arrangements within \_\_\_ miles of the ward's residence
- transact and supervise financial matters, including the collection and expenditure of funds, except deal with an account in \_\_\_\_\_ bank dealing with an amount of money not in excess of \$\_\_\_\_\_
- determine the ward's own daily dress and daily routine except as otherwise specifically set forth: \_\_\_\_\_

29. If a guardian has previously been appointed, list his or her name and address:

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(If the above lines are left blank, do not check the box.)

30. Value of real property: \_\_\_\_\_

Address and legal description of parcels (in the respondent's sole name):

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

Acreage if rural land: \_\_\_\_\_

Mortgagee: \_\_\_\_\_

Balance due on mortgage: \_\_\_\_\_

Terms of payment: \_\_\_\_\_

Other liens: \_\_\_\_\_

Assessed value: \_\_\_\_\_

Current market value: \_\_\_\_\_

Address and legal description of parcels (in respondent's name jointly with another or others):

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

Acreage if rural land: \_\_\_\_\_

Mortgagee: \_\_\_\_\_

Balance due on mortgage: \_\_\_\_\_

Terms of payment: \_\_\_\_\_

Other liens: \_\_\_\_\_

Assessed value: \_\_\_\_\_

Current market value: \_\_\_\_\_

Title in whose names: \_\_\_\_\_

Relationship to the respondent of persons who are listed on the title:

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If the respondent owns any properties that are rented, identify which ones and give the names of the lessee and the lessor, as well as their addresses and phone numbers, the terms of lease, and the rental amounts and payment dates:

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State the amounts of insurance on each property, the name of the carrier, the amount of the premium, where it is payable, and when it is due:

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31. Value of personal property: \_\_\_\_\_

Set forth the name, address, and phone number of the broker's office together with the account number:

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List the names of stocks, total shares, certificate numbers, names of the owners, and current market value:

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List bonds and other securities by the name of the company, serial number, issue date, maturity date, value, and names of owners:

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Set forth insurance policies by the name of the company, the address of the company, the type of insurance, policy number, the location of the policy, and cash value if any:

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List motor vehicles by make and model, license number, serial number, value, lien amount, and lienholder:

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List furniture, household goods, wearing apparel, ornaments, jewelry, and collections by value, lien amount, lienholder, and description:

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Check for business and farm assets, notes, loans, mortgages, contracts collectable, closely held corporation interests, joint owners of other property not listed, and other assets such as pending lawsuits, judgments, refunds due, and insurance on the life of another, and, for each such asset, attach a sheet describing the respondent's interest and its value.

32. Cash Surrender value of insurance on the life of the individual: \_\_\_\_\_

33. Monthly income

|                          | Source | Monthly Amount |
|--------------------------|--------|----------------|
| Retirement benefits      | _____  | _____          |
| Social Security benefits | _____  | _____          |
| Interest income          | _____  | _____          |
| Stock dividends          | _____  | _____          |
| Investment income        | _____  | _____          |
| Governmental benefits    | _____  | _____          |
| Veterans' benefits       | _____  | _____          |
| Other                    | _____  | _____          |
| Total                    | _____  | _____          |

Credits against income

| Creditors (names and addresses) | Amount | Terms of Claim | Objections to Claim |
|---------------------------------|--------|----------------|---------------------|
| _____                           | _____  | _____          | _____               |

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|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Taxes payable

|             |       |
|-------------|-------|
| Real estate | _____ |
| Income      | _____ |
| Gift        | _____ |
| Intangibles | _____ |

34. If an action within the jurisdiction of the family division of circuit court involving the family or family members of the legally incapacitated individual has previously been filed, state the name of the court, the docket number, the judge to whom the case was assigned, and whether the action remains pending.