

Elizabeth Ross-Jones
ROSS-JONES LAW OFFICE

A Professional Corporation
1763 West 33rd Street, Suite 130 • Edmond, OK 73013
Telephone: (405) 471-5593 • Fax: (405) 471-5594
E-mail: Elizabeth@ross-jones-law.com

Questionnaire For Guardianship

1. **Date of Questionnaire Completed:** _____

2. **Guardian's Personal Data:**
 - a. Guardian Name: _____
 - b. Guardian's Social Security Number: _____
 - c. Guardian's date of birth: _____
 - d. Guardian's Home Address: _____
 - e. Home Phone: _____
 - f. Work Phone: _____
 - g. E-mail: _____
 - h. Alternate e-mail: _____
 - i. How do you prefer to be contacted? _____
 - j. Relationship to Ward: _____

3. **Co-Guardian's Personal Data:**
 - a. Co-Guardian Name: _____
 - b. Co-Guardian's Social Security Number: _____
 - c. Co-Guardian's date of birth: _____
 - d. Co-Guardian's Home Address: _____
 - e. Home Phone: _____

- f. Work Phone: _____
- g. E-mail: _____
- h. Alternate e-mail: _____
- i. How do you prefer to be contacted? _____
- j. Relationship to Ward: _____

4. Ward's Personal Data:

- a. Ward's Name: _____
- b. Ward's Social Security Number: _____
- c. Ward's date of birth: _____
- d. Ward's Home Address: _____
- e. Name of Ward's Spouse (if any): _____
- f. Name and address of Ward's employer (if any): _____

- g. Name of Ward's Attorney (if any): _____
- h. Name and address of any place/facility where Ward is currently being cared for other than his/her home? _____

- i. Have at least two (2) physicians diagnosed the proposed Ward as being mentally incapacitated? Yes ? No
 - i. If Yes, please attached diagnoses or physician affidavits/letters

5. Background Information

- a. Reason a Guardianship is needed: _____

- b. Is the Ward unable to care for himself or herself physically? Yes /No
- c. Is the Ward unable to manage his or her financial affairs? Yes / No
- d. Is the Ward vulnerable to physical harm, undue influence, deception, and general exploitation of the Ward's financial resources unless protection is granted for the Ward's benefit? Yes / No
- e. Does the Ward have the physical/mental capacity to retain the right to do any of the following:
 - i. To vote? Yes/No
 - ii. To drive? Yes/No
 - iii. To seek and retain employment? Yes/No
 - iv. To travel without the Guardian(s) present? Yes/No
 - v. Are there are special rights other than those listed above which the Ward should retain? _____

- f. Has any organization or person been nominated in writing to serve as Guardian of the Ward? Yes / No
 - i. Is yes, please provide the name and address of the organization or person

- g. **Children:** If the Ward has any living children, please list their names and addresses below
 - i. _____ Address_____
 - ii. _____ Address_____
 - iii. _____ Address_____

iv. _____ Address _____

v. _____ Address _____

h. If the Ward have any deceased children, please list their names below

i. _____

i. **Grandchildren:** If the Ward has any living grandchildren, please list below

i. _____ Address _____

ii. _____ Address _____

iii. _____ Address _____

iv. _____ Address _____

v. _____ Address _____

j. **Other Family Members:** If the Ward has any other living family members, please list their names, relationship, and addresses below

i. _____ Relation _____ Address _____

ii. _____ Relation _____ Address _____

iii. _____ Relation _____ Address _____

iv. _____ Relation _____ Address _____

v. _____ Relation _____ Address _____

6. **Is the Proposed Guardian** –please circle yes or no

a. Indebted to or under any financial obligation to the proposed Ward? Yes / No

b. A party to a law suit against the proposed Ward? Yes / No

c. A minor? Yes / No

d. Incapacitated or partially incapacitated? Yes / No

e. A convicted felon? Yes / No

f. Bankrupt? Yes / No

- g. Insolvent? Yes / No
- h. Able and willing to take on the responsibility of providing/managing for:
 - i. The care of the Ward's person? Yes / No
 - ii. The care of the Ward's property? Yes / No

7. The Ward's Income

- a. Is the Ward a veteran receiving VA benefits? Yes / No
- b. Is the Ward receiving Social Security Benefits or Medicaid? Yes / No
 - i. If yes, please specify and provide the monthly amount _____
- c. Does the Ward receive any other form of income? Yes / No
 - i. If Yes, please list the source and the monthly payment _____

8. The Ward's Real and Personal Property

- a. Does the Ward own real property? Yes / No
 - i. If so where is it located (City, County, State)

 - ii. Has the real property been professionally appraised? Yes / No
 - iii. Value of the real property _____
 - iv. Source of this value _____
- b. Does the Ward have a farm or a family-owned business? Yes / No
 - i. If so where is it located (City, County, State)

- c. Is the Ward the beneficiary of any Trust? Yes / No
- d. Does the Ward's real property include any Indian land (restricted or held in trust by the federal government)? Yes / No

e. Does the Ward have a pre-paid funeral/burial plan?

i. If yes, please provide the value _____

f. Does the Ward own personal property? Yes / No

i. If Yes, please describe property and its estimated value below

Vehicles: _____

Financial Accounts: _____

Household Goods, Furniture, Appliances: _____

Various Personal Effects: _____

Other: _____