

GUARDIANSHIP INFORMATION SHEET

I. GENERAL INFORMATION

A. Full Name of Proposed Ward: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date Domicile Established: _____

Birth Date: _____ Age: _____ Social Security No.: _____

Email Address: _____

Telephone Number: _____

B. Place of Confinement or Hospitalization (if different from address above):

Name of Institution: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Confinement or Hospitalization: _____

II. PROPOSED GUARDIAN(S)/ CLIENT

A. Full Name of Proposed Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Social Security No.: _____

Relationship to Proposed Ward or Interest in Proceedings: _____

B. Full Name of Proposed Co-Guardian (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Social Security No.: _____

Relationship to Proposed Ward or Interest in Proceedings: _____

C. Potential Conflicts of Potential Guardian(s)

1. Is the Proposed Guardian receiving any compensation from the Proposed Ward for services rendered?

- Yes
- No

If yes, how much is the compensation? \$ _____

2. Does the Proposed Guardian owe any funds to the Proposed Ward?

- Yes
- No

If yes, how much? \$ _____

3. Does the Proposed Ward owe any funds to the Proposed Guardian?

- Yes
- No

If yes, how much? \$ _____

4. Has the Proposed Guardian encountered any of the following problems?

a. Conviction of a crime? (other than a misdemeanor)

- Yes
- No

b. Bankruptcy?

- Yes
- No

c. Revocation of a professional or occupational license?

- Yes
- No

5. Are you a United States Resident?

- Yes
- No

III. NAMES, ADDRESSES, AND RELATIONSHIPS OF PERSONS ENTITLED TO NOTICE OF HEARING

A. Proposed Ward: Is it anticipated that the Proposed Ward will remain at the above address for the next six (6) weeks?

- Yes
- No

If no, anticipated change in address: _____

B. Proposed Ward's Spouse:

- Married
- Separated
- Divorced
- Deceased
- Not Married

1. Name of Proposed Ward's Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

Birth Date: _____ Age: _____ Social Security No.: _____

C. Proposed Ward's Father:

1. Name of Proposed Ward's Father (if living): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

Birth Date: _____ Age: _____ Social Security No.: _____

D. Proposed Ward's Mother:

1. Name of Proposed Ward's Mother (if living): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

Birth Date: _____ Age: _____ Social Security No.: _____

E. Proposed Ward's Children:

1. Name of Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

Birth Date: _____ Age: _____ Social Security No.: _____

2. Name of Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

Birth Date: _____ Age: _____ Social Security No.: _____

3. Name of Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

Birth Date: _____ Age: _____ Social Security No.: _____

4. Name of Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

Birth Date: _____ Age: _____ Social Security No.: _____

F. Closest Relatives of Proposed Ward (if no Parents, Spouse, or Children):

1. Name of Relative: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

Birth Date: _____ Age: _____ Social Security No.: _____

2. Name of Relative: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

Birth Date: _____ Age: _____ Social Security No.: _____

G. Individual Living with Proposed Ward:

Full Name of Individual Living with Proposed Ward: _____

H. Potential Witnesses (Independent of family members):

1. Name of Potential Witness: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

2. Name of Potential Witness: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Business Phone No.: _____

IV. WHY DOES PROPOSED WARD NEED A GUARDIAN?

A. Name(s) of medical condition(s):

B. Examples of mental incapacity:

C. Identify any mental deterioration:

D. Describe any developmental disability:

E. If any emergency temporary guardianship is necessary, what immediate harm will be prevented by such guardianship?

F. Other Information:

V. MEDICAL

A. PHYSICIAN/PSYCHIATRIST:

1. Name of Physician/Psychiatrist (if any): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____

- Attending
- Examining

2. Name of Physician/Psychiatrist (if any): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____

- Attending
- Examining

3. Name of Physician/Psychiatrist (if any): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____

- Attending
- Examining

B. INSURANCE INFORMATION OF PROPOSED WARD:

1. Medicare:

- Medicare Part A
- Medicare Supplemental
- Medicare Part B
- Medicare Advantage
- Medicare Part D
- Medicaid

2. Private Insurance (please provide copy of policy):

Name of Private Medical Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____ Policy No.: _____

3. Private Insurance (please provide copy of policy):

Name of Private Medical Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____ Policy No.: _____

4. Long-Term Health Care Insurance (please provide copy of policy):

Name of Private Medical Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone No.: _____ Policy No.: _____

Daily Benefits: _____ Elimination Period: _____

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