

Falco & Falco
Attorneys at Law

Date _____

Guardianship Client Information

ABOUT YOU:

Name: _____ Date of Birth: _____
Physical Address: _____
Mailing Address: _____
Home Telephone: _____ Work Telephone: _____
Cell Phone: _____ Email Address: _____
Social Security No: _____ Driver's License No: _____
Relationship to Proposed Ward: _____

ABOUT THE PROPOSED WARD:

Name: _____
Physical Address: _____
Date of Birth: _____
Place of Birth: _____
Social Security No: _____
Drivers License No: _____
Is the Proposed Ward a U.S. citizen? YES/NO
If naturalized U.S. citizen, Date and Place of Naturalization: _____
What is the Proposed Ward's current condition? _____

Is there already a guardianship in place? YES/NO

If yes, who is the current Guardian? _____

Is there a Power of Attorney in place? YES/NO

If yes, who currently holds the Power of Attorney? _____

Is the Proposed Ward's mother still living? YES/NO

If yes, please complete the following:

Name: _____

Address: _____

Age: _____

Is the Proposed Ward's father still living? YES/NO

If yes, please complete the following:

Name: _____

Address: _____

Age: _____

Does the Proposed Ward have any living siblings? YES/NO

If yes, please complete the following:

1. Name: _____
Address: _____
Age: _____
2. Name: _____
Address: _____
Age: _____
3. Name: _____
Address: _____
Age: _____
4. Name: _____
Address: _____
Age: _____
5. Name: _____
Address: _____
Age: _____

Does the Proposed Ward have any living children? YES/NO

If yes, please complete the following:

1. Name: _____
Address: _____
Age: _____
2. Name: _____
Address: _____
Age: _____
3. Name: _____
Address: _____
Age: _____
4. Name: _____
Address: _____
Age: _____
5. Name: _____
Address: _____
Age: _____

ABOUT THE ESTATE:

To your knowledge, does the proposed ward have any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Business Interests |
| <input type="checkbox"/> Bank Accounts | <input type="checkbox"/> Retirement Benefits |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Mineral Rights | <input type="checkbox"/> Annuities |
| <input type="checkbox"/> Stocks, Bonds, Other Securities | <input type="checkbox"/> Motor vehicles |
| <input type="checkbox"/> Safe Deposit Box | <input type="checkbox"/> Debt |