Nexus Legal Solutions
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GUARDIANSHIP INTAKE APPLICATION

Please complete this questionnaire before our first visit. We will need photo identification, any medical documentation of the alleged incapacitated person, and the birth certificate of any minor wards.

INFORMATION **DATE:** _____

1. Ward's (alleged incapacitated person or minor)
   Full Name _____
   Home Address _____
   County, City and State: _____
   DOB_____Age_____Social Security _____

2. Receives government benefits: Yes No
   If yes, what type (i.e., SSI, Medicaid):_____Monthly amount $_____
   _____Monthly amount$_____

3. If the Ward is under professional care, please provide the following:
   Program Name:_____
   Case Worker: _____
   Contact Information: _____

4. Ward's relationship to you _____

5. Was the Ward's injury or disability due to an accident? _____

6. Please explain disability or incapacity:
   _____
   _____

7. Do you have documentation supporting this (i.e., diagnosis from treating physician): Yes No

8. Attending physician name, address & phone:
   _____

9. Will you give us permission to speak to the attending physician and request documentation regarding the Ward's disability or capacity : Yes No
   If yes, please sign as your permission _____

10. Does the Ward own property valued more than $500.00? Please list property and estimated value:

_____

_____

_____

_____

11. Your Full Name:_____DOB:_____

12. Name you sign with: _____

Home Address:_____

County, City, State & Zip: _____

Mailing Address (if different)_____

Home Phone:_____Cell Phone: _____

Personal E-mail:_____Fax:_____

Social Security No:._____Driver's License#:_____State:_____

13. Occupation_____Firm:_____

Office Address _____

Office Phone_____Office E-mail: _____

Office Fax:_____

If naming only one Guardian skip to question #16.

14. Spouse or Other Persons Full Name:_____DOB:_____ Name you sign with: _____ _____ Home Address: _____ Cell Phone:_____Personal E-mail:_____ Social Security No:._Driver's License#:_____State:_

15. Spouses or Other Persons Occupation:_____Firm:_____

Office Address: _____

Office Phone:_____Office E-mail: _____

Office Fax:_____

16. Are there other persons dependent upon you for support.

NAME	DATE OF BIRTH	PERCENTAGE OF SUPPORT	SOCIAL SECURITY NO.

17. Ward's next of kin (spouse, children, parents):

Name:_____ Home Phone: _____
Home Address _____
Relationship to Ward: _____

Name:_____ Home Phone: _____
Home Address _____
Relationship to Ward: _____

Name:_____ Home Phone: _____
Home Address _____
Relationship to Ward: _____

Do you seek to be named Guardian of the Person (for healthcare decisions):	Y	N
Does your spouse or other person also seek to be named?	Y	N
Do you seek to be named Guardian of the Property (for financial decisions):	Y	N
Have you ever been convicted of a crime?	Y	N
Have you ever-claimed bankruptcy?	Y	N
Does your spouse or other person also seek to be named?	Y	N

Other Notes: