

GUARDIANSHIP ADMINISTRATION — CLIENT INTAKE

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Welcome. This short intake helps us prepare for your guardianship consultation. Fill in what you can — fields can be left blank.

TYPE OF GUARDIANSHIP REQUESTED (CHECK ALL THAT APPLY)

- Guardian of the Person Guardian of the Estate Plenary (Full)
- Limited
PA County (Court of Common Pleas) Emergency / Temporary Standby
Orphans' Court Docket # (if known)

ABOUT THE PERSON WHO NEEDS A GUARDIAN

Full legal name

Date of birth

Age

Last 4 of SSN

Preferred language

Veteran?

Yes No

Current address (or facility name & address)

Type of residence (home, AL, SNF, etc.)

Phone where IP can be reached

ABOUT YOU (THE PROPOSED GUARDIAN / PETITIONER)

Your full name

Your relationship to the person

Your address

Phone

Email

Date of birth

CO-GUARDIAN OR SUCCESSOR GUARDIAN (OPTIONAL)

Co-guardian name

Relationship to IP

Successor guardian name

Relationship to IP

ZACHARIA BROWN & BRATKOVICH, PC

Estate Planning & Elder Law Attorneys

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MEDICAL & CAPACITY

Primary diagnosis or condition

Other conditions (if any)

Treating physician

Hospital / care facility

Can the person communicate their wishes?

Yes No

Has the person been evaluated by a physician or psychologist?

Yes No

Is there an existing capacity / clinical evaluation report?

Yes No

Is the person currently receiving therapy or rehabilitation?

Yes No

Has the person previously been adjudicated incapacitated?

Yes No

FAMILY MEMBERS & INTERESTED PARTIES

PA law requires notice to certain family members. List spouse, parents, adult children, and siblings — add more on a separate sheet if needed.

Name	Relationship	Address	Phone / Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EXISTING LEGAL DOCUMENTS (CHECK WHAT EXISTS; DATE IF KNOWN)

Last Will & Testament

Date: Where kept:

Durable Power of Attorney (financial)

Date: Where kept:

Healthcare Power of Attorney

Date: Where kept:

Living Will / Advance Directive

Date: Where kept:

Revocable or Irrevocable Trust

Date: Where kept:

Prior Guardianship Order

Date: Where kept:

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ASSETS — QUICK SUMMARY (ESTIMATES ARE FINE)

List approximate totals — no need to look up exact balances. We'll gather details together.

Real estate (home & other property)	Approx. value \$	<input type="text"/>
Bank / checking / savings accounts	Approx. value \$	<input type="text"/>
Investments, IRAs, 401(k), annuities	Approx. value \$	<input type="text"/>
Life insurance (cash value)	Approx. value \$	<input type="text"/>
Vehicles & personal property	Approx. value \$	<input type="text"/>
Business interests	Approx. value \$	<input type="text"/>
Other assets	Approx. value \$	<input type="text"/>

Notes about assets (joint owners, beneficiaries, anything unusual)

MONTHLY INCOME & EXPENSES (ROUGH MONTHLY FIGURES)

INCOME (per month)

Social Security (SSI / SSDI)	<input type="text"/>
Pension / retirement	<input type="text"/>
VA benefits	<input type="text"/>
Rental income	<input type="text"/>
Investment / dividends	<input type="text"/>
Other income	<input type="text"/>
Total monthly income \$	<input type="text"/>

EXPENSES (per month)

Housing / facility / room & board	<input type="text"/>
Utilities	<input type="text"/>
Food / groceries	<input type="text"/>
Medical / prescriptions	<input type="text"/>
Insurance premiums	<input type="text"/>
Other expenses	<input type="text"/>
Total monthly expenses \$	<input type="text"/>

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HEALTHCARE & BENEFITS

- Medicare Yes No
- Medicaid / Medical Assistance Yes No
- Private health insurance Yes No
- Community HealthChoices (CHC) waiver Yes No
- Designated healthcare proxy / HCPOA Yes No
- DNR / advance directive in place Yes No
- Hospice or palliative care Yes No
- On a waiting list for services or facility Yes No

Current health insurance provider(s)

YOUR GOALS, CONCERNS, OR ANYTHING ELSE WE SHOULD KNOW

HOW DID YOU HEAR ABOUT US?

- KDKA Radio IN Magazine Friend Family
- Financial advisor Seminar / webinar Web search

Other: