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GUARDIANSHIP ADMINISTRATION — CLIENT INTAKE

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 ☐ Emergency / Temporary ☐ Standby

PA County (Court of Common Pleas)

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

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

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:	

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 $
Bank / checking / savings accounts	Approx. value $
Investments, IRAs, 401(k), annuities	Approx. value $
Life insurance (cash value)	Approx. value $
Vehicles & personal property	Approx. value $
Business interests	Approx. value $
Other assets	Approx. value $

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

MONTHLY INCOME & EXPENSES (ROUGH MONTHLY FIGURES)

INCOME (per month)		EXPENSES (per month)	
Social Security (SSI / SSDI)		Housing / facility / room & board	
Pension / retirement		Utilities	
VA benefits		Food / groceries	
Rental income		Medical / prescriptions	
Investment / dividends		Insurance premiums	
Other income		Other expenses	
Total monthly income $		**Total monthly expenses $**	

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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: