

Consultation Date: _____

File No.: _____

ROTHKOFF LAW GROUP

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QUESTIONNAIRE FOR PROPOSED GUARDIANSHIP

Please complete the following to the best of your ability:

I. GENERAL

Name of Ward (person to be protected):

Present Address or Place of Confinement:

Phone Number: (_____) _____ Cell Number: (_____) _____

Email: _____

Permanent Address (Domicile), *if different from above*:

Date Domicile Established: _____

Date of Birth (MM/DD/YYYY): _____ Age: _____

Social Security Number: _____

Military Service, if any (branch; dates; VA Benefits):

II. PETITIONER(S) [Plaintiff(s)]

A. Name: _____

Address: _____

Home Phone: (____) _____ Office Number: (____) _____

Cell Number: (____) _____ Email: _____

Date of Birth (MM/DD/YYYY): _____

Social Security Number: _____

B. Name: _____

Address: _____

Home Phone: (____) _____ Office Number: (____) _____

Cell Number: (____) _____ Email: _____

Date of Birth (MM/DD/YYYY): _____

Social Security Number: _____

C. Name: _____

Address: _____

Home Phone: (____) _____ Office Number: (____) _____

Cell Number: (____) _____ Email: _____

Date of Birth (MM/DD/YYYY): _____

Social Security Number: _____

III. PROPOSED GUARDIAN(S):

A. Name: _____

Address: _____

Home Phone: (____) _____ Office Number: (____) _____

Cell Number: (____) _____ Email: _____

Date of Birth (MM/DD/YYYY): _____

Social Security Number: _____

Relationship to Ward or Interest in Proceeding: _____

B. Name: _____

Address: _____

Home Phone: (____) _____ Office Number: (____) _____

Cell Number: (____) _____ Email: _____

Date of Birth (MM/DD/YYYY): _____

Social Security Number: _____

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

A. *The Proposed Ward:* _____

Is it anticipated that proposed ward will remain at above address for the next six (6) weeks? Yes No

If no, future address, if known:

B. *Name of Ward's Spouse:* _____

Married Separated Divorced

Address: _____

Home Phone: (____) _____ Office Number: (____) _____

Cell Number: (____) _____ Email: _____

Date of Birth (DD/MM/YYYY): _____ Age: _____

C. *Name of Ward's Parents (if living):* _____

Name: _____

Address: _____

Home Phone: (____) _____ Office Number: (____) _____

Cell Number: (____) _____ Email: _____

Date of Birth (MM/DD/YYYY): _____ Age: _____

D. *Names of Ward's Children*

1. Name: _____

Address: _____

Home Phone: (____) _____ Office Number: (____) _____

Cell Number: (____) _____ Email: _____

Date of Birth (MM/DD/YYYY): _____ Age: _____

2. Name: _____

Address: _____

Home Phone: (____) _____ Office Number: (____) _____

Cell Number: (____) _____ Email: _____

Date of Birth (MM/DD/YYYY): _____ Age: _____

E. Administrator of Facility in which ward is living (if applicable):

Name: _____

Address: _____

Home Phone: (____) _____ Office Number: (____) _____

Cell Number: (____) _____ Email: _____

F. Business Partner(s) or Associate(s):

1. Name: _____

Address: _____

Home Phone: (____) _____ Office Number: (____) _____

Cell Number: (____) _____ Email: _____

2. Name: _____

Address: _____

Home Phone: (____) _____ Office Number: (____) _____

Cell Number: (____) _____ Email: _____

G. Brothers and Sisters of Proposed Ward:

1. Name: _____

Address: _____

Home Phone: (____) _____ Office Number: (____) _____

Cell Number: (____) _____ Email: _____

Date of Birth (MM/DD/YYYY): _____ Age: _____

2. Name: _____

Address: _____

Home Phone: (____) _____ Office Number: (____) _____

Cell Number: (____) _____ Email: _____

Date of Birth (MM/DD/YYYY): _____ Age: _____

3. Name: _____

Address: _____

Home Phone: (____) _____ Office Number: (____) _____

Cell Number: (____) _____ Email: _____

Date of Birth (MM/DD/YYYY): _____ Age: _____

4. Name: _____

Address: _____

Home Phone: (____) _____ Office Number: (____) _____

Cell Number: (____) _____ Email: _____

Date of Birth (MM/DD/YYYY): _____ Age: _____

V. WHY DOES PROPOSED WARD NEED A GUARDIAN:

VI. MEDICAL

A. *Name of Attending Physician/Psychiatrist, if any:*

Address: _____

Office Number: (____) _____ Email: _____

B. Name of Second Proposed Examining Physician:

Address: _____

Office Number: (_____) _____ Email: _____

C. Present Diagnosis:

By Whom: _____

D. General Health History:

E. Insurance

Medicare: Part A Part B

Supplemental Insurance (Company, Policy, Name or Number):

Long Term Health Care Insurance (Company, Policy, Name, or Number):

Home Care: _____ Custodial Care: _____

VII. SUMMARY OF INCOME AND EXPENSES:

Please list the ward's estimated income and expenses this year from the following sources:

MONTHLY AMOUNTS

Income Type	Ward	Spouse (if applicable)
Social Security		
Interests		
Dividends		
Pension Benefits		
IRA Benefits		
Rental Income		
Capital Gains (losses)		
Other Taxable Income		
Other Non-Taxable Income		
TOTAL INCOME	\$	\$



EXPENSES	MONTHLY AMOUNT
Housing Expense	
Medical Expense	
Fuel and Electric Costs	
Food and Clothing	
Telephone Bill	
Transportation	
Insurance	
Miscellaneous Expenses	
Miscellaneous Expenses	
TOTAL EXPENSES	\$

VIII. SUMMARY OF ASSETS AND LIABILITIES:

ASSETS:

Ward's Name	In Join Name With Another (Please give person's name)
Real Estate	
Stocks	
Bonds	
Cash from All Sources	
Mortgages and Notes Held	
Life Insurance	
Personal Property	
Retirement Benefits	



Business Assets		
Annuities		
Miscellaneous		
TOTAL ASSETS	\$	\$

LIABILITIES:

Debts	\$	\$
Mortgages Payable	\$	\$
TOTAL LIABILITIES	\$	\$
NET WORTH	\$	\$

IX. ASSETS AND LIABILITIES

ASSETS:

1. Real Estate

Owner(s)	Location	Purchase Price Plus Improvements	Estimated Value	Mortgage Balance
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Owner(s)	Leases	Annual Rent
		\$
		\$
		\$

2. Stocks and Bonds

a. Held by Ward

Stock and Bonds (Ward)	Amount
	\$
	\$
	\$
	\$
	\$

b. Held by Spouse

Stock and Bonds (Spouse)	Amount
	\$
	\$
	\$
	\$
	\$

c. Held in Joint Names

Stock and Bonds (Joint Names)	Amount
	\$
	\$
	\$
	\$
	\$

3. Partnership or Closely Held Corporate Interests*



Owner(s)	Business	% of Interest	Value of Interests
		%	\$
		%	\$
		%	\$

**Please provide additional data as to (1) the identity of other partners or co-owners (names, addresses, telephone numbers) and (2) financial status of the business.*

4. Cash, Mortgages, and Notes

a. Cash

	Dollar Amount
CASH	\$

b. Checking Accounts (Name(s) on Account and Name of Bank(s))

Checking Owner	Bank	Amount (\$)
		\$
		\$
		\$
		\$

c. Saving Accounts (Name(s) on Account and Name of Bank(s))

Savings Owner	Bank	Amount (\$)
		\$
		\$
		\$
		\$

d. Mortgages

Owner(s)	Mortgages	Amount (\$)
		\$
		\$
		\$

e. Notes (Name(s) of Holder(s))

Owner(s)	Debtors	Amount (\$)
		\$
		\$
		\$
		\$

5. Life Insurance

Owner(s)	Company	Amount Loan (\$)	Beneficiary
		\$	
		\$	
		\$	
		\$	
		\$	

6. Tangible Personal Property

a. Household Furnishings, Jewelry, Collections

Household Furnishings, Jewelry Collections	Value (\$)
Ward	\$
Ward's Spouse	\$

b. Other Tangible Personal Property (e.g., boats)

Owner(s)	Property	Amount (\$)
		\$
		\$
		\$
		\$

c. Automobiles

Owner(s)	Automobile	Current Value
		\$
		\$

d. Safe Deposit Boxes Yes No

Name and Location of Box	Contents	Estimate Value
		\$
		\$
		\$
		\$

e. Collections included in any category above (e.g., jewelry, antiques, art)

Location and Owner(s)	Estimated Value (\$)

7. Retirement Benefits – Ward

Pension	Beneficiary	Amount \$

Profit Sharing	Amount \$

IRA Account	Amount \$

8. Retirement Benefits - Ward's Spouse

Pension	Beneficiary	Amount \$



Profit Sharing	Amount \$
	\$
	\$
	\$

IRA Account	Amount \$
	\$
	\$

9. Annuities

Owner(s)	Beneficiary	Amount \$
		\$
		\$
		\$
		\$

X. TRANSFERS MADE BY WARD WITHIN 36 MONTHS

To Whom and by Whom Transferred	Date of Transfer	Property Transferred and Value

XI. MISCELLANEOUS

DATED: _____

(Signature of Client)

Referred by: _____