## **GUARDIANSHIP CHECKLIST**

1.	Prop	osed Ward Information:
	A.	Name:
	B.	Sex:
	C.	Date of Birth:
	D.	Address:
	E.	Social Security Number:
	F	Driver's License Number:
2.	Applicant Information:	
	A.	Name:
	B.	Relationship to Proposed Ward:
	C.	Address:
	D.	Social Security Number:
	E.	Driver's License Number:
3.	Guardianship of (check one):	
	A.	Person
4.	Specifics	
The r	nature a	and degree of the alleged incapacity:
The s	specific	areas of protection and assistance requested:
Limita	ation of	Proposed Ward's rights requested:
5.		s requiring that a guardian be appointed and the interest of the applicant in the intment:

6.	Does a guardianship of any kind exist for the Proposed Ward? (check one)	
	A. Yes No	
	If yes, please describe:	
7.	e and address of any person and/or institution having care and custody of the osed Ward:	
8.	The approximate value and description of Proposed Ward's property, both real and personal, including any compensation, pension, insurance, or allowance to which Proposed Ward may be entitled (not applicable if guardianship of estate is not requested):	
9.	If known, how long would you like the Guardianship to continue?	
10.	The name and address of any person who holds a Power of Attorney signed by the Proposed Ward and a description of the type of Power of Attorney:	
11.	The <u>name</u> , address and age, if applicable, of Proposed Ward's:	
Spous (If dec	e:eased, give date of death)	
	ts:eased, give dates of death)	
0.1 1.	gs:eased, give dates of death)	
Childre	en:eased, give dates of death)	
	If each of the above-named is deceased, then names and addresses of Proposed Ward's next of kin who are adults:	
12. (i.e. so	Identify all sources of income and the amount of income currently being received ocial security, pension, retirement, etc.):	