

Informational Checklist for: Adult Guardianship

1. Name of Ward (the person alleged to be incapacitated):
2. Address where Ward is currently residing:
3. Ward's mailing address, if different from #2 above:
4. Ward's date of birth:
5. Ward's social security number:
6. Petitioner's
 - a. Name:
 - b. Address:
 - c. Telephone number:
 - d. Date of birth:
7. Medical reason for Ward's incapacity:
8. Reason Ward cannot manage his or her affairs, if different from above:
9. Name, address and telephone number of Ward's current physician or psychologist or nurse who can complete a medical report regarding the Ward's condition:

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15. Information regarding the proposed guardian(s):

- a. Name:
- b. Address:
- c. Telephone number:
- d. Date of birth:
- e. Social Security:
- f. Sex:
- g. Race:
- h. Height:
- i. Weight:
- j. Hair color:
- k. Eye color:
- l. Employer:
- m. Employer's address:
- n. Relationship to Ward: