

**GUARDIANSHIP/CONSERVATORSHIP  
INFORMATION FORM**

1. Name of person to be protected: \_\_\_\_\_

2. Where is that person now? \_\_\_\_\_  
If in hospital/care center, when admitted? \_\_\_\_\_

3. Ill person's:  
Birthday: \_\_\_\_\_ Age: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

4. Does the ill person have an attorney? If so, who: \_\_\_\_\_

5. Persons important in the life of the ill person (Name, Address, Telephone):  
Spouse/Partner: \_\_\_\_\_  
\_\_\_\_\_

Adult Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Closest relative other than those above (for notice): \_\_\_\_\_  
\_\_\_\_\_

Persons residing with ill person: \_\_\_\_\_  
\_\_\_\_\_

Persons depending on ill person for support: \_\_\_\_\_  
\_\_\_\_\_

6. Persons familiar with this situation (Name, Address, Telephone): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Is an **emergency** temporary guardianship/conservatorship necessary? \_\_\_ Yes, \_\_\_ No  
*(Note, this will likely add considerably to the cost, as additional proceedings are required by the Court.)*

8. Is any doctor or advisor recommending that the ill person be placed for treatment outside the home? \_\_\_ Yes, \_\_\_ No  
If so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Proposed guardian/conservator:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Is the proposed guardian/conservator being paid to provide services to the ill person?  
\_\_\_ Yes, \_\_\_ No

10. Please describe the problems of the ill person:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Is there a treating doctor? If yes,  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
\_\_\_\_\_  
  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

12. Is there a health care representative or agent? \_\_\_ Yes, \_\_\_ No  
*If so, please provide a copy of the **Advance Directive for Health Care** to the lawyer.*
13. Is there a financial agent under Powers of Attorney, or a trustee managing the ill person's financial affairs? \_\_\_ Yes, \_\_\_ No  
*If so, please provide a copy of the document to the lawyer.*
14. Will a home need to be sold to pay for care costs? \_\_\_ Yes, \_\_\_ No
15. Is the financial manager having any trouble? \_\_\_ Yes, \_\_\_ No  
 Of yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
16. Does the ill person have a will? \_\_\_ Yes, \_\_\_ No  
*If so, please provide a copy of the document to the lawyer.*
17. Describe the income and assets of the ill person (briefly):  
 Income: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Assets: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
18. Should there be any limits on the authority of a guardian or conservator?  
 \_\_\_ Yes, \_\_\_ No  
 If so, what limits are appropriate? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
19. Is the ill person receiving funds payable by the Veterans Administration or the Oregon Department of Human Resources or any other federal/state program? \_\_\_ Yes, \_\_\_ No  
 If yes, describe: \_\_\_\_\_

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20. Does the proposed guardian or conservator owe any money to, or receive funds regularly from the ill person?  Yes,  No  
If yes, describe: \_\_\_\_\_

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21. Are any assets held jointly by the ill person and any others:  Yes,  No  
If yes, describe: \_\_\_\_\_

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22. If the proposed guardian or conservator has any of the following problems, please indicate, and discuss with the lawyer:

- Conviction of a crime.
- Prior Bankruptcy.
- Revocation of an occupational or professional license.

23. Describe the ill person's place of residence and any programs, activities, or services in which he or she is involved; \_\_\_\_\_

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24. Brief description of the ill person's physical condition: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Brief description of the ill person's mental condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Brief description of contacts with the ill person made by you, and/or by the proposed guardian and/or conservator during the past year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. What was this person's incapacity plan (powers of attorney, trusts, nominations of guardian and/or conservator, etc)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_