

QUESTIONNAIRE FOR ESTABLISHING A GUARDIANSHIP

Note: Under current guardianship law, the person who is the subject of a guardianship petition is referred to as the Alleged Incapacitated Person, generally abbreviated AIP. (This rather de-humanizing terminology will change when the new guardianship law goes into effect.)

If possible, use *full legal names* (first, full middle and last) when asked for names. I will need the names, addresses, and phone numbers of the proposed guardian and family members or other people who should be notified that a proceeding is pending.

The proposed guardian must watch a training video which is available from the Court's website. When it is completed, s/he can download proof which I will need to file with the petition.

The Guardianship petition asks about the AIP's assets in order to determine if s/he can pay for the proceeding. If the AIP's assets are under \$3000, then many fees are waived and the Guardian ad Litem who the Court appoints will be by King County.

PART I: Facility information

Name of facility: _____

Address of facility: _____

Length of time at the facility: _____

How care is paid for (private pay, insurance, Medicaid, VA Benefits) _____

Name of Person Completing this Questionnaire:

Name: _____

Relationship to AIP: _____

For family members: Residential Address: _____

City: _____ State: _____ Zip: _____

For professional providing information:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Fax: _____

C1 Cell: _____ C2 Cell: _____

E-mail: _____

PART II: INFORMATION FOR ALLEGED INCAPACITATED PERSON (AIP)

Name: _____

DOB/Age: _____ Social Security Number: _____

Present Residential Address: _____

City: _____ State: _____ Zip: _____

County: King Snohomish Pierce Other _____

How Long at Above Address:

Previous Address: _____

City: _____ State: _____ Zip: _____

Custodian of AIP: Name: _____

Address: _____

Nature of Incapacity (tell me about what is going on with him/her): _____

Degree of Incapacity: (How severe is the incapacity):

Physician Name: _____

Address: _____

Diagnosis: _____

Has the AIP been seen by a physician, ARNP, or other healthcare provider within the past 30 days who could provide a medical report?

If not, can that be arranged?

Please list any known financial information for AIP:

Assets

Real Property: \$ _____ Bank Accounts: \$ _____

Stocks, Bonds, Mutual Funds: \$ _____ Furniture: \$ _____

Mortgage and Notes: \$ _____ Other Personal Property: \$ _____

Total Approximate Value of Assets: \$ _____

Income

Social Security: \$ _____/month Veteran's Benefits: \$ _____/month

State Assistance: \$ _____/month Other: \$ _____/month

Approximate total monthly income: \$ _____

Who do you propose becomes the AIP's guardian?

Name _____

Address _____

Telephone Number _____

Date of birth/age: _____

Relationship to AIP: _____

Has that person agreed?

Has s/he taken the mandatory training on the Court's website?

List names, addresses, and relationship of all AIP's relatives who should be notified of a pending guardianship proceeding:

Name/Relationship: _____

Address: _____

Phone #: _____

Name/Relationship: _____

Address: _____

Phone #: _____

Name/Relationship: _____

Address: _____

Phone #: _____

Name/Relationship: _____

Address: _____

Phone #: _____

Reason for Guardianship

The reason for petitioning for Guardianship is as follows: _____

How will a guardianship help the AIP?: _____

Designate whether the appointment is sought as Full or Limited Guardian of Person Estate or Both

Does the AIP have a Durable Power of Attorney? _____

If so, please attach it and explain why it is insufficient for providing for the AIP's needs.

Areas of Assistance

List specific areas in which protection or assistance is required. _____

Length of time Guardianship should be in place. _____

Please note any specific goals or concerns not addressed in the information above:

