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ADULT GUARDIANSHIP INTAKE FORM

Information About Petitioner:

Name: _____
(Last) (First) (MI) (D.O.B.)

Address: _____

(City) (County) (State) (Zip Code)

Home Phone: (____) _____ Business Phone: (____) _____

Other Phone: (____) _____ E-mail address: _____

Social Security Number: _____

Relationship with Disabled Person: _____

Employer: _____

Job title: _____

Information about Disabled Person:

Name: _____
(Last) (First) (MI) (D.O.B.)

Address: _____

(City) (County) (State) (Zip Code)

Home Phone: (____) _____ Business Phone: (____) _____

Other Phone: (____) _____ E-mail address: _____

Social Security Number: _____

Person with whom the Disabled Person resides at that address: _____

Disabled Person's Attending or Primary Care Physician:

Name: _____

Office Address: _____

(City) (County) (State) (Zip Code)

Phone: (____) _____

Another treating physician:

Name: _____

Office Address: _____

(City) (County) (State) (Zip Code)

Phone: (____) _____

Disabled Person's Treating Psychiatrist, if any:

Name: _____

Office Address: _____

(City) (County) (State) (Zip Code)

Phone: (____) _____

Is the Disabled Person taking any anti-depressant, anti-psychotic, psychotropic, or other psychiatric medications? If so, please name them.

Disabled Person's Real Property:

(a) Personal residence

Address: _____

(City) (County) (State) (Zip Code)

Approximate value \$ _____

(b) Other real property

(1) Address: _____

(City) (County) (State) (Zip Code)

Approximate value \$ _____

(2) Address: _____

(City) (County) (State) (Zip Code)

Approximate value \$ _____

Disabled Person's Personal Property:

(a) Bank or money market accounts

(1) Bank: _____ Branch: _____

Account No.: _____ Balance: \$ _____

(2) Bank: _____ Branch: _____

Account No.: _____ Balance: \$ _____

(3) Bank: _____ Branch: _____

Account No.: _____ Balance: \$ _____

(b) Jewelry, clothing and various other household furnishings and personal effects:

Approximate value (of all property combined): \$ _____

Present location: _____

(c) Shares of stock:

_____ ; No. of shares: _____ ; Value: \$ _____

_____ ; No. of shares: _____ ; Value: \$ _____

_____ ; No. of shares: _____ ; Value: \$ _____

(d) Automobile:

Make: _____ ; Model: _____ ; Year: _____

Approximate value \$ _____

Present location: _____

(e) Any other property not already listed (give the type of property, approximate value, and present location):

Disabled Person's Income:

(1) Social Security Administration: Yes No. If so, approximately \$ _____ per month

Zip Code where receives check (if different from *above*): _____

(2) VA benefits? Yes No. If so, approximately \$ _____ per month.

(3) Civil Service Retirement? Yes No. If so, approximately \$ _____ per month.

Does Disabled Person have counsel of his/her choice?

To your knowledge, has the disabled person executed any Powers of Attorney and/or Advance Directives?

If so, what sort?

If so, date(s) executed?

POA/Health Care Agent(s) appointed:

(1) Name: _____

Address: _____

(City) (State) (Zip Code)

Relationship to Disabled Person: _____

(2) Name: _____

Address: _____

(City) (State) (Zip Code)

Relationship to Disabled Person: _____

Information about Interested Persons:

(1) Name: _____

Address: _____

(City) (State) (Zip Code)

Relationship to Disabled Person: _____

(2) Name: _____

Address: _____

(City) (State) (Zip Code)

Relationship to Disabled Person: _____

(3) Name: _____

Address: _____

(City) (State) (Zip Code)

Relationship to Disabled Person: _____

(4) Name: _____

Address: _____

(City) (State) (Zip Code)

Relationship to Disabled Person: _____

In your opinion, will any of the interested persons consent to the appointment of you as guardian of the person and/or property?