

**GUARDIANSHIP/CONSERVATORSHIP
INFORMATION SHEET**

I. PROTECTED PERSON

1. Information about the person who needs a guardian and/or conservator.

Name: _____

Address: _____

Telephone: _____ SSN: _____

Date of Birth: _____ Age: _____

Current Location: _____

Country: _____

If in a hospital or care facility, when admitted: _____

Your relationship to the person: _____

2. Information about the person's spouse: (Check here if the person is)

not married: _____

is widowed: _____

Name: _____

Address: _____

Telephone: _____ Age: _____

3. If the person lives with a domestic partner, friend, or relative, information about him or her:

Name: _____

Relationship: _____ Age: _____

4. Information about the children or other closest living relatives of the person (For example, parents, brothers, and sisters, aunts and uncles, or nieces and nephews):

Name: _____

Address: _____

Telephone: _____ Relationship: _____

Age: _____

Name: _____

Address: _____

Telephone: _____ Relationship: _____

Age: _____

Name: _____
Address: _____
Telephone: _____ Relationship: _____
Age: _____

5. Has there been a guardian or conservator for the person before?
YES: _____ NO: _____

6. Has the person ever signed a power of attorney, advance directive for health care, trust or other documents naming someone to make financial decisions?
YES: _____ NO: _____
Who was named to make decisions? (If more than one, add information on the back of this page & get copies of documents).

Name: _____
Address: _____
Telephone: _____ Relationship: _____
Type of document or decision-maker: _____

7. Information about the person's current doctor(s): (If more than one add on the back of this page)

Name: _____
Address: _____
Telephone: _____

8. Does the Respondent have medical insurance?: _____
If so, what is the company name & group #: _____

9. Information about the person's lawyer(s): (if more than one add on the back of this page)

Name: _____
Address: _____
Telephone: _____

10. Is the Respondent a military veteran?: _____
If so, give details: _____

11. Briefly describe the person's physical and mental condition: _____

12. Does the person need help making medical and heal care decisions?
YES: _____ NO: _____ If yes, please
give examples showing why this person need this type of help:

13. Does the person need help to take care of basic physical needs like food, shelter, clothing and personal cleanliness? If yes, please give examples showing why the person needs this type of help: _____

14. Does the person need to stay in a care facility, or be moved to a care facility? YES: _____ NO: _____ If yes, please give examples showing why the person needs to be in a care facility:

15. Does the person help to respond to other problems? YES: _____ NO: _____ If yes, please describe the other problems: _____

16. What other kinds of help and services have been tried in the past year? (For example, help with housekeeping or bathing; someone setting up the medication or balancing the checkbook; medical or mental health treatment)

17. Does the person need help making decisions about finances and property? YES _____ NO _____ If yes, please give examples showing why the person needs this type of help: _____

18. Who else has personal experience with the situations you described (For example, caregivers, case managers, other family members, friends and neighbors)

Name: _____

Address: _____

Telephone: _____ Relationship: _____

Name: _____

Address: _____

Telephone: _____ Relationship: _____

19. Is there an immediate, life-threatening problem? YES _____ NO _____ If yes, what is the harm that will come to the person if there is not an emergency guardianship or conservatorship? _____

The court requires sworn statements from people with personal knowledge of the emergency situation. Who would be willing and able to provide those statements?

	Name	Address	Telephone
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____

II GUARDIAN AND/OR CONSERVATOR:

1. Who should be the guardian and/or conservator?

Name: _____

Address: _____

Telephone: _____ Relationship: _____

Age: _____ Date of Birth: _____

SSN: _____

Why? _____

2. Has the proposed guardian and/or conservator ever:

a) Filed for Bankruptcy?

b) Been convicted of a crime?

c) Had any occupational or professional license revoked?

YES _____ NO _____

If yes, please explain: _____

III PROTECTED PERSON'S ASSETS:

1. Information about the income and assets of the person who needs a guardian and/or a conservator:

<u>Income:</u>	<u>Source</u>	<u>Monthly Amount</u>
	<u>Social Security</u>	\$ _____
	<u>Social Security disability</u>	\$ _____
	<u>Pensions</u>	\$ _____
	<u>Other</u>	\$ _____

2. Does the person have money or other assets worth more than \$10,000?

YES _____ NO _____

3. Does the person receive benefits from the U.S. Veterans Administration?

YES _____ NO _____

4. Does the person receive Medicaid assistance, food stamps, or other public assistance from the Oregon Department of Human Resources?

YES _____ NO _____

Respondent's property and income:

	Fair Market Value
a. Real property: _____ _____	\$ _____
b. Bank Accounts:	
Checking at _____ Acct. _____	\$ _____
Savings at _____ Acct. _____	\$ _____
CD at _____ Acct. _____	\$ _____
c. Stocks/bonds _____ _____	\$ _____
d. Furniture: _____	\$ _____
e. Jewelry: _____	\$ _____
f. Life Insurance: _____	\$ _____
g. Collections: _____	\$ _____
h. Vehicles: _____	\$ _____

IV NOTICE:

1. Respondent (if over 14):

2. Spouse:

3. Adult children:

1) _____

2) _____

3) _____

4. Parents (if minors, or if no spouse):

