

STEPHANIE L. SCHNEIDER, P.A.
NEW GUARDIANSHIP QUESTIONNAIRE (Adults)

INSTRUCTIONS:

(A) PLEASE COMPLETE THE QUESTIONNAIRE COMPLETELY TO THE BEST OF YOUR ABILITY. YOU MAY CALL OUR OFFICE FOR ASSISTANCE.

(B) YOUR ACCURACY AND COMPLETENESS IN RESPONDING WILL HELP US TO BEST ADVISE AND REPRESENT YOU. PLEASE COMPLETE ALL PARTS OF THE QUESTIONNAIRE.

GENERAL INFORMATION

Were you referred to our office and if so, by whom? _____.
If not, what made you choose our office? _____.

I. BACKGROUND INFORMATION

1. Proposed Guardian's Name: _____
2. Guardian's Mailing Address: _____
3. Guardian's Residence (If different): _____
4. Guardian's Phone Number: Home _____ Office: _____ Cell: _____
5. Guardian's email address: _____
6. Guardian's Date of Birth: _____
7. Guardian's Last 4 Digits of Social Security #: _____
8. Is the Guardian a US Citizen? _____ Is the Guardian a resident alien? _____
9. Incapacitated person's Name: _____
10. Incapacitated person's a/k/a, if any: _____
11. Incapacitated person's Mailing Address: _____
12. Incapacitated Person's Phone Number: _____
13. Incapacitated person's Residence: (if different) _____
14. Incapacitated Person's Last 4 Digits of Social Security #: _____
15. Incapacitated Person's Date of Birth: _____
16. Incapacitated Person's Place of Birth: _____
17. Incapacitated Person's Marital Status: Single _____ Married _____ Separated _____ Divorced _____
Widow _____

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- 18. Incapacitated Person's Race: _____ Height _____ Weight _____
- 19. Incapacitated Person's Length of Time in Florida: _____
- 20. Is the incapacitated person a U.S. Citizen? _____ a resident alien? _____
- 21. Identify the Incapacitated Person's Employer, Name, Address, Phone Number and Title/ Position: _____

- 22. Attending Physician Name, Address, Phone Number: _____

- 23. Describe the incapacity (for example, Alzheimer's, senility, stroke) and when it occurred or was first diagnosed: _____

- 24. Identify the person(s) who have personal knowledge of the incapacity (i.e. doctor, neighbor, friend): _____

- 25. What is the best residential environment for the incapacitated person: Home _____ Nursing Facility _____ Assisted living _____ Independent living _____ Other _____
- 26. Does the proposed Guardian have blood, marital or other prior relationship with the incapacitated person? If so, describe relationship: _____
- 27. Names, phone number and addresses of the incapacitated person's next of kin. *If any child of the incapacitated person has a disability identify the disability diagnosis* (See note below):

NAME	ADDRESS (CITY, STATE, ZIP)	RELATIONSHIP	PARENT	EMAIL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTE: Florida law defines "next of kin" to be the heirs at law (people that would inherit). Therefore, you should list the spouse and children, or grandchildren if child who was their parent is dead; if none, then list siblings, or nieces and nephews if the sibling who was their parent is dead; if none, then list aunts, uncles or cousins; if none or if relatives unknown, then state NO KNOWN RELATIVES.

28. Name & address of bank to use as the court depository: _____

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29. Name of Petitioner (has personal knowledge of the incapacity and will sign the petition):

30. Address/Phone # of Petitioner: _____

31. Occupation/Title of Petitioner: _____

31a. Name and Address/Phone # of Standby Guardian: _____

II. EXISTENCE OF LEGAL DOCUMENTS

32. Does the incapacitated person have any of the following documents? Please provide copies to our office:

- | | |
|--------------------------------------|----------------|
| Last Will & Testament | ___ Yes ___ No |
| Codicil to the Will | ___ Yes ___ No |
| Living Will | ___ Yes ___ No |
| Designation of Health Care Surrogate | ___ Yes ___ No |
| Trust | ___ Yes ___ No |
| Advance Directive | ___ Yes ___ No |
| Durable Power of Attorney | ___ Yes ___ No |
| Declaration of PreNeed Guardian | ___ Yes ___ No |

III. INSURANCE

33. What health insurance does the incapacitated person have (list names, policy #):

Medicare: _____

Supplemental (medigap): _____

HMO: _____

Long term care insurance: _____

COBRA: _____

Private insurance: _____

IV. GOVERNMENT BENEFITS

34. Is the incapacitated person currently receiving or, has he/she applied for the following public assistance:

Gross

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	YES	NO	Monthly Amount	Date Applied
Medicaid	_____	_____	_____	_____
Private Disability benefits	_____	_____	_____	_____
Supplemental Security Income	_____	_____	_____	_____
Supplemental Security Disability	_____	_____	_____	_____
Social Security Survivor benefits	_____	_____	_____	_____

35. If the incapacitated person has a minor age child (under age 18) identify whether the child is receiving or has applied for the following programs:

	YES	NO	Gross Monthly Amount	Date Applied
Medicaid	_____	_____	_____	_____
Florida Kid Care	_____	_____	_____	_____
Florida Medi Kids	_____	_____	_____	_____
Supplemental Security Income	_____	_____	_____	_____
Supplemental Security Disability	_____	_____	_____	_____
Social Security Survivor benefits	_____	_____	_____	_____

Who is the representative payee for the Social Security benefits: _____

V. QUESTIONS FOR THE PROPOSED GUARDIAN

36. Has the prospective guardian ever:

a) Been charged with a felony? Yes _____ No _____

B) Convicted of a felony? Yes _____ No _____

c) Arrested for a felony? Yes _____ No _____

d) Entered a plea of not guilty or no contest to a felony? Yes _____ No _____

If the answer is yes you must provide specific dates and details: _____

37. Has the prospective guardian ever:

a) Been charged with a crime other than a felony? Yes _____ No _____

B) Convicted of a crime other than a felony? Yes _____ No _____

c) Arrested for a crime other than a felony? Yes _____ No _____

d) Entered a plea of not guilty or no contest to a crime other than a felony? Yes _____ No _____

If the answer is yes you must provide specific dates and details: _____

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38. Has the prospective guardian ever filed for bankruptcy? Yes _____ No _____
Date: _____ Details: _____
39. Has the prospective guardian been charged with perjury, misrepresentation, fraud in a judicial or administrative proceeding: Yes _____ No _____
40. Has the prospective guardian been determined by a court to have committed child abuse or neglect? Yes _____ No _____ Details: _____

41. Has the prospective guardian been the subject of a confirmed report of abuse, neglect or exploitation? Yes _____ No _____ Details: _____

VI. ASSETS

1. Checking Account:

Bank Name: _____
Branch: _____
Account # (last 4 digits): _____
Balance: _____
Owners: _____
Beneficiaries: _____

Bank Name: _____
Branch: _____
Account # (last 4 digits): _____
Balance: _____
Owners: _____
Beneficiaries: _____

2. Savings Accounts:

Bank Name: _____
Branch: _____
Account (last 4 digits) #: _____
Balance: _____
Owners: _____
Beneficiaries: _____

Bank Name: _____
Branch: _____
Account (last 4 digits) #: _____

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Balance: _____
Owners: _____
Beneficiaries: _____

3. Certificate of deposit:

Bank Name: _____
Branch: _____
Account # (last 4 digits) _____
Balance: _____
Owners: _____
Beneficiaries: _____

Bank Name: _____
Branch: _____
Account # (last 4 digits) _____
Balance: _____
Owners: _____
Beneficiaries: _____

4. Money Market account:

Bank Name: _____
Branch: _____
Account # (last 4 digits): _____
Balance: _____
Owners: _____
Beneficiaries: _____

Bank Name: _____
Branch: _____
Account # (last 4 digits) _____
Balance: _____
Owners: _____
Beneficiaries: _____

5. Investment accounts:

Bank Name: _____
Branch: _____
Account # (last 4 digits) _____
Balance: _____
Owners: _____
Beneficiaries: _____

Bank Name: _____
Branch: _____
Account # (last 4 digits) _____
Balance: _____
Owners: _____

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Beneficiaries: _____

6. Stocks/Securities (individually held not in an investment account):

Name of stock: _____

Shares: _____

Value: _____

Owners: _____

Beneficiaries: _____

Name of stock: _____

Shares: _____

Value: _____

Owners: _____

Beneficiaries: _____

7. IRA's or 401ks:

Bank Name: _____

Branch: _____

Account # (last 4 digits) _____

Balance: _____

Owners: _____

Beneficiaries: _____

Are minimum distributions being taken? _____ Amount: _____ Frequency: _____

Bank Name: _____

Branch: _____

Account # (last 4 digits) _____

Balance: _____

Owners: _____

Beneficiaries: _____

Are minimum distributions being taken? _____ Amount: _____ Frequency: _____

8. Life Insurance:

Company Name: _____

Account # (last 4 digits) _____

Cash surrender value: _____ Face value: _____

Whole life: _____ Term: _____

Insured: _____

Beneficiaries: _____

Company Name: _____

Account # (last 4 digits) _____

Cash surrender value: _____ Face value: _____

Whole life: _____ Term: _____

Insured: _____

Beneficiaries: _____

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9. Real estate: _____

10. Automobiles: _____

11. Annuities:

Company Name: _____

Account # (last 4 digits) _____

Cash surrender value: _____

Is it currently paying (amount & frequency): _____

Maturity date: _____

Beneficiaries: _____

Company Name: _____

Account # (last 4 digits) _____

Cash surrender value: _____

Is it currently paying (amount & frequency): _____

Maturity date: _____

Beneficiaries: _____

12. Safe Deposit Box (list name of bank, address, box number) _____

13. Funeral arrangements: _____

VII. INCOME

1. Pension:

Source Name & Address: _____

Amount of payment: _____

Frequency: _____

Source Name & Address: _____

Amount of payment: _____

Frequency: _____

2. Social Security:

Type & Amount of payment: _____

3. Reparations:

Source Name & Address: _____

Amount of payment: _____

Frequency: _____

4. Annuity:

Source Name & Address: _____

Amount of payment: _____

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Frequency:

5. Veteran Benefits:

Type of benefits:

Amount of payment:

Frequency:

6. I.R.A. Distributions

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VIII. LEGAL RIGHTS

Indicate which rights the person is capable of exercising and which rights should be given to a guardian:

<u>Right</u>	<u>Keep</u>	<u>Give To a Guardian</u>	<u>Uncertain</u>
1. Seek or retain employment	_____	_____	_____
2. Marry	_____	_____	_____
3. Vote	_____	_____	_____
4. Apply for government benefits	_____	_____	_____
5. Have a driver's license/drive	_____	_____	_____
6. Travel	_____	_____	_____
7. Sign a contract	_____	_____	_____
8. File a lawsuit	_____	_____	_____
9. Manage property or make gifts	_____	_____	_____
10. Consent to medical treatment	_____	_____	_____
11. Determine social environment	_____	_____	_____
12. Determine residence	_____	_____	_____

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Print Name: _____
Date: _____

Print Name: _____
Date: _____

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We appreciate you completing the following questions as to yourself. Caregivers are especially conscientious about facilitating the care needs of those they care for. Unfortunately, they are often remiss when it comes to making the time to address their own. We wish to ensure that your personal legal needs are being addressed by taking the time to discuss these issues with you.

“PROPER PLANNING MAY CREATE PEACE OF MIND”

Do you have the following legal documents in place:

	<u>YES</u>	<u>NO</u>	<u>I WANT TO KNOW MORE</u>
A. Last Will & Testament	_____	_____	_____
B. Revocable Trust	_____	_____	_____
C. Durable Power of Attorney	_____	_____	_____
D. Springing Durable Power of Attorney	_____	_____	_____
E. Designation of Health Care Surrogate	_____	_____	_____
F. Living Will	_____	_____	_____
/			
G. Organ Donation/Transplantation Request	_____	_____	_____
H. Declaration of Pre-need Guardian for a Minor	_____	_____	_____
I. Special Needs Trust for a disabled spouse or Family member	_____	_____	_____
J. Advance Directive (Do Not Resuscitate Order)	_____	_____	_____

If you consult with us as to your personal estate planning needs within the next three (3) months you will receive a 20% discount on the consultation and on the charge for estate planning documents. Please save a copy of this page and bring it with you to your personal consultation. We look forward to serving you.