

GUARDIANSHIP QUESTIONNAIRE

County _____

Judge _____

Case Number _____

SYLVESTER LAW FIRM, PC

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Family Law: www.SylLawFirm.com

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Alleged Disabled Person

Disabled Person's Full Legal Name

Primary Caretaker

Disabled Person's *Current* Street Address

Primary Caretaker's Street Address

Disabled Person's *Current* City, State and Zip

Primary Caretaker's City, State and Zip

Disabled Person's *Permanent* Street Address

Primary Caretaker's Phone Number

Disabled Person's *Permanent* City, State and Zip

Nursing Home

Disabled Person's Social Security Number

Nursing Home Contact Person

Disabled Person's Birthdate

Contact Person's Phone Number

Proposed Guardian of the Person

Guardian's Full Legal Name

Home or Work Phone

Guardian's Street Address

Mobile Phone

Guardian's City, State and Zip

Relationship to Disabled Person

E-mail Address

Profession

Proposed Guardian of the Estate *(If different than above)*

Guardian's Full Legal Name

Home Phone

Guardian's Street Address

Mobile Phone

Guardian's City, State and Zip

Work Phone

E-mail Address

Profession

Doctor's Information

Primary Attending Physician

Phone

Physician Who Completed the Physician's Report

Phone

Mental Health Professional

Phone

Children / Next of Kin

Full Legal Name

Street Address

Minor?

Phone Number

City, State and Zip

Relationship?

Full legal name

Street Address

Minor?

Phone Number

City, State and Zip

Relationship?

Full legal name

Street Address

Minor?

Phone Number

City, State and Zip

Relationship?

Full legal name

Street Address

Minor?

Phone Number

City, State and Zip

Relationship?

Full legal name

Street Address

Minor?

Phone Number

City, State and Zip

Relationship?

**If additional space is needed, please attach a separate page.*

Summary of Disabled Person's Assets

<u>Assets</u>	<u>Sole Ownership</u>	<u>Joint Tenancy</u>	<u>Total Value</u>
Checking and Savings	\$ _____	\$ _____	\$ _____
Real Estate Equity	\$ _____	\$ _____	\$ _____
Tangible Personal Property	\$ _____	\$ _____	\$ _____
Traditional IRA / 401(k)	\$ _____	\$ _____	\$ _____
Roth IRA / 401(k)	\$ _____	\$ _____	\$ _____
<u>Non</u> -tax deferred Brokerage Accts.	\$ _____	\$ _____	\$ _____
Individual Stocks and Bonds	\$ _____	\$ _____	\$ _____
Life Insurance (<i>death benefit values</i>)	\$ _____	\$ _____	\$ _____
Certificates of Deposit	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____
Stock Options	\$ _____	\$ _____	\$ _____
Closely Held Business Interests	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
<u>GROSS TOTAL OF ASSETS:</u>	\$ _____		

Liabilities of Disabled Person

<u>Creditor</u>	<u>Account Number</u>	<u>Amount Owed</u>
Creditor #1	_____	\$ _____
Creditor #2	_____	\$ _____
Creditor #3	_____	\$ _____
Creditor #4	_____	\$ _____
Creditor #5	_____	\$ _____
Creditor #6	_____	\$ _____

TOTAL LIABILITIES: \$ _____

GROSS TOTAL OF ASSETS – TOTAL LIABILITIES: \$ _____
Net Value of Estate

Questions

- For how long has the disability existed? _____
- What is the nature of the physical disability? _____
- What is the nature of the mental disability? _____
- Is the disabled person receiving Medicaid? _____
- Is the disabled person receiving Social Security? How much? _____
- Is the disabled person receiving SSI or SSDI? How much? _____
- Does the disabled person have private health insurance? _____
- Does the disabled person receive Medicare? _____
- Does the disabled person have long-term care insurance? _____

