LAW OFFICE OF
ALYSSA MONTELEON

PERSONAL INFORMATION

PETITIONER'S LEGAL NAME _____
Date of Birth _____ Social Security Number _____
Street Address _____ City _____ State ____ ZIP _____
Home Telephone _____ Cell Phone _____
E-mail Address _____ Relationship to Incapacitated Person _____

PROPOSED GUARDIAN/CONSERVATOR LEGAL NAME _____
Date of Birth _____ Social Security Number _____
Street Address _____ City _____ State ____ ZIP _____
Home Telephone _____ Cell Phone _____
E-mail Address _____ Relationship to Incapacitated Person _____

INCAPACITATED PERSON'S LEGAL NAME _____
Date of Birth _____ Social Security Number _____
Home Address _____ City _____ State ____ ZIP _____
Home Telephone _____ Cell Phone _____
Place of Birth: City/County _____ State _____ Native Language _____
Is there any alternative mode of communication for the Incapacitated Person? _____
☐ Married: Date of Marriage _____ ☐ Divorced ☐ Widowed ☐ Single

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All information below is that pertaining to the incapacitated person

SPOUSE (*if any)*

SPOUSE'S LEGAL NAME *(if married)* _____
Date of Birth _____ Social Security Number _____
Street Address _____ City _____ State ____ ZIP _____
Date of Marriage _____

SPOUSE'S LEGAL NAME *(if widowed)* _____
Date of Marriage _____ Date of Death _____

CHILDREN (*if any)*

FULL LEGAL NAME **DATE OF BIRTH**
1. _____ _____
Address _____

2. _____ _____
Address _____

3. _____ _____
Address _____

4. _____ _____
Address _____

PARENTS (*if alive)*

MOTHER'S FULL LEGAL NAME

_____
Address _____

FATHER'S FULL LEGAL NAME

_____
Address _____

SIBLINGS (*if any)*

FULL LEGAL NAME **DATE OF BIRTH**

1. _____ _____
Address _____

2. _____ _____
Address _____

3. _____ _____
Address _____

4. _____ _____
Address _____

OTHER RELATIVES

If the Incapacitated Person has no known spouse, children, parents, or adult siblings, please list the information of at least three known relatives of the Incapacitated Person.

FULL LEGAL NAME **DATE OF BIRTH**

1. _____ _____
Address _____
Relationship _____

2. _____ _____
Address _____
Relationship _____

3. _____ _____
Address _____
Relationship _____

ESTATE PLANNING DOCUMENTS

Does the Incapacitated Person have any of the following documents?

Durable Power of Attorney?	☐ Yes	☐ No	Date Signed: _____
Advanced Medical Directive?	☐ Yes	☐ No	Date Signed: _____
Last Will and Testament?	☐ Yes	☐ No	Date Signed: _____

NATURE OF INCAPACITY AND GUARDIANSHIP PLAN

Please list the name, address and contact information of the physician who can provide a written evaluation of the Incapacitated Person:

Name _____

Street Address _____ City _____ State ____ ZIP _____

Office Telephone _____ Professional Field _____

Please describe the physical and mental condition of the Incapacitated Person, with particular reference to the alleged incapacity:

_____

_____

_____

_____

_____

Please provide a brief description of the services currently being provided to the Incapacitated Person's health care, safety and rehabilitation:

_____

_____

_____

_____

_____

Please list the future plan of care for the Incapacitated Person's living arrangements and treatment plan:

_____

_____

_____

_____

_____

FINANCIAL RESOURCES
(MONTHLY INCOME)

Salary		$_____
Social Security		$_____
SSI		$_____
SSDI		$_____
IRA Withdrawals		$_____
Retirement Income		$_____
Dividends & Interest		$_____
Other (specify source)	_____	$_____
	_____	$_____
TOTAL INCOME		$_____

FINANCIAL RESOURCES
(ASSETS)

Does the Incapacitated Person have any interest in any real estate? ☐ Yes ☐ No

Address _____
Current Fair Market Value _____ Assessed Value _____
Mortgage or Debt Owed on Property _____

Please list any other person(s) on the title
Name _____
Address _____
Relationship to Incapacitated Person _____

Does the Incapacitated Person own any tangible personal property, such as cars, jewelry, or valuable collections? ☐ Yes ☐ No

List a description and current value of each item of personal property?

Description _____ Current Value $_____
Description _____ Current Value $_____
Description _____ Current Value $_____
Description _____ Current Value $_____
Description _____ Current Value $_____
Description _____ Current Value $_____
Description _____ Current Value $_____

Does the Incapacitated Person have any interest in any accounts at financial institutions, such as a checking account, savings account, or investment or brokerage accounts? ☐ Yes ☐ No

Type of Account ____________________________ Current Value $______________________
Financial Institution __________________________ Account Number _____________________

Please list any other person(s) on the account
Name ____
Address ____
Relationship to Incapacitated Person ____

Type of Account ____________________________ Current Value $______________________
Financial Institution __________________________ Account Number _____________________

Please list any other person(s) on the account
Name ____
Address ____
Relationship to Incapacitated Person ____

Type of Account ____________________________ Current Value $______________________
Financial Institution __________________________ Account Number _____________________

Please list any other person(s) on the account
Name ____
Address ____
Relationship to Incapacitated Person ____

Type of Account ____________________________ Current Value $______________________
Financial Institution __________________________ Account Number _____________________

Please list any other person(s) on the account
Name ____
Address ____
Relationship to Incapacitated Person ____

DEBTS

Does the Incapacitated Person owe any debts to creditors? ☐ Yes ☐ No

Creditor ____
Nature of Debt ____
Balance Due ____
Purpose for which the debt was incurred ____________________________________

Creditor _____
Nature of Debt _____
Balance Due _____
Purpose for which the debt was incurred _____

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