

Referral Name: _____

GF-012-Guardianship Referral 6/1/12

REQUEST FOR GUARDIAN INFORMATION FORM

(Fill out completely, DO NOT LEAVE BLANKS, attach additional pages as needed)

PHYSICAL CHARACTERISTICS:

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Distinguishing Marks (tattoos, scars, birth mark, etc.) _____

RISK FACTORS

Medical: _____ Physical: _____
Mental Health: _____ Criminal History: _____
History of Violent Behavior _____

FINANCES/ INCOME/ASSETS: (Please provide description, location, assessed value. Include copy of deed, policies, and documents as available.)

Owns Real Estate: ___ Y ___ N Address: _____
PVA value: _____ Mortgage: ___ Y ___ N Company: _____
Mortgage Company Address: _____ Account #: _____
Is property occupied? Y N If Yes, By Whom? _____

Bank Accounts:

Account Type	Account #	Bank/Broker	Address	Phone
Savings Balance:\$				
Checking Balance:\$				
CD Value:\$				
Stocks/Bonds Value:\$				
Safety Deposit Box Key Location:				

Identify purpose/restriction on accounts such as burial savings, joint accounts, etc.

Income/Assets: (Social Security, SSI, Veteran's, Black Lung, Pension, Railroad Retirement, Other)

Benefit	Claim #	Amount	Payee	Relationship	Phone

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Other Assets (including personal property)

Insurance

Medical – Name of Company: _____ Phone #: _____

Policy #: _____ Location of Policy: _____

Life – Name of Company: _____ Phone # _____

Policy #: _____ Face Value: _____ Cash Value: _____

List any other insurance on back of page including Home Owners as applicable.

Burial

Prepaid Burial? Yes No Where: _____

Primary Contact for Arrangements: _____ Phone: _____

Funeral Home Preference: _____ Phone: _____

Address: _____ City/State/Zip Code: _____

Cemetery Prearranged: _____ Plot: _____ Deed: _____

Address: _____ City/State/Zip Code: _____

Cemetery Preference: _____ City/State/Zip Code: _____

Attach copy of Burial Contract(s)

FAMILY RELATIONSHIPS (parents [include mother's maiden name], siblings, spouse, children, grandchildren, etc.)

Relationship	Name	Address	Phone
Father			
Mother			

OTHER OPTIONS EXPLORED, List all entities contact to become guardian for the referred

Relationship	Name	Address	Phone

LEGAL STATUS

Reason Guardianship is being Requested: _____

Disability Determination Date: _____ County: _____

Guardian Appointment Date: _____ County: _____

Present Guardian (if successor Guardian): _____

Address: _____ Phone #: _____ Case #: _____