

PLEASE COMPLETE AND RETURN TO:

**LAW OFFICES OF BETH A. McDANIEL, PLLC**  
**272 Hardie Avenue Southwest**  
**Renton, WA 98057**

**GUARDIANSHIP – PETITIONER QUESTIONNAIRE**

Thank you for contacting our office about the filing of a guardianship petition on behalf of a person whom the Court refers to as an “alleged incapacitated person” (AIP). By filing a petition for guardianship, you are representing to the Court that you believe that this person can no longer function to his or her full capacity in making decisions as to finances and/or personal care. Please provide the following information, which is necessary to the filing of the petition.

**PETITIONER INFORMATION:**

1. Name: \_\_\_\_\_
2. Work Telephone: \_\_\_\_\_
3. Home Telephone: \_\_\_\_\_
4. Other Telephone/Fax: \_\_\_\_\_
5. Email address: \_\_\_\_\_
6. Present residence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Date of birth: \_\_\_\_\_
8. Relationship to AIP: \_\_\_\_\_
9. Do you wish to be appointed Guardian in this matter? Yes \_\_\_\_\_ No \_\_\_\_\_.
10. If your answer to #9 is No, then please complete the following information as to whom you propose should be appointed Guardian.

**Proposed Guardian’s Information (if not the same as “Petitioner” above):**

1. Name: \_\_\_\_\_
2. Telephone number: \_\_\_\_\_
3. Present residence: \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
4. Fax number: \_\_\_\_\_
5. Email address: \_\_\_\_\_
6. Date of birth: \_\_\_\_\_
7. Relationship to AIP: \_\_\_\_\_

Has the proposed guardian ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the proposed guardian ever declared bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give date(s) and types of bankruptcies. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALLEGED INCAPACITATED PERSON'S (AIP) INFORMATION:**

1. Name: \_\_\_\_\_
2. Date of birth/age: \_\_\_\_\_
3. Present residence: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

4. Length of time at residence: \_\_\_\_\_

5. Mailing address: \_\_\_\_\_

6. Social Security number: \_\_\_\_\_

7. Please describe the nature of the alleged incapacitated person's incapacity (e.g., medical diagnosis, if known, or behavior observed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Please describe the degree of the alleged incapacity (i.e., with what activities of living does this person need help and for how long?): \_\_\_\_\_

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9. Please describe (if you know) the approximate value and description of property owned by the alleged incapacitated person:

Real Property: \_\_\_\_\_

Stock, Mutual Funds, Bonds: \_\_\_\_\_

Mortgages and Notes: \_\_\_\_\_

Bank Accounts: \_\_\_\_\_

Other Personal Property: \_\_\_\_\_

Debts: \_\_\_\_\_

10. Please identify (if you know) any income that the alleged incapacitated person receives:

Social Security Benefits (SSA): \_\_\_\_\_

Supplemental Security Income (SSI): \_\_\_\_\_

Washington State Assistance: \_\_\_\_\_

Veteran's Benefits: \_\_\_\_\_

Other: \_\_\_\_\_

11. Is there an existing or pending guardianship or guardianship action for this person?

Yes \_\_\_\_ No \_\_\_\_ . If yes, please explain: \_\_\_\_\_

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12. Are you aware of any alternative arrangements previously made by this person, such as a trust or power of attorney? Yes \_\_\_\_ No \_\_\_\_ . If yes, please explain.

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13. Does this person have a representative payee for social security benefits? Yes \_\_\_\_

No \_\_\_\_ . If yes, who is the representative payee? \_\_\_\_\_

14. Who is the AIP's treating physician?

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

15. Are there social workers or other professionals involved with the AIP?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

16. Please tell in your own words your reason(s) for petitioning for guardianship (if different from information given above). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Do you think anyone will object to your guardianship? Yes \_\_\_\_\_ No \_\_\_\_\_.  
If yes, please give that person's name and explain the reasons you think he or she might object: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELATIVES OF THE ALLEGED INCAPACITATED PERSON**

Please list the names and addresses, and nature of the relationship (e.g., husband, nephew) for persons most closely related by blood or marriage to the alleged incapacitated person:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

I CERTIFY THAT THE FOREGOING IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature