

PLEASE COMPLETE AND RETURN TO:

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

Name

Date of Appointment: _____

How did you hear about us? _____

This form is extremely important. Your accuracy and completeness will help us to best represent you. Please complete all sections before your appointment at 272 Hardie Avenue Southwest, Renton, WA 98057 on _____, 2015 @ _____. Please complete this form and forward a copy to our office one week before your appointment along with all supporting written documentation, including any executed estate planning documents including Last Will and Testament and Durable Power of Attorney. IF THIS QUESTIONNAIRE IS NOT COMPLETED AND RETURNED TO OUR OFFICE BEFORE YOUR APPOINTMENT, YOUR APPOINTMENT WILL HAVE TO BE RESCHEDULED. Please list all names as they would properly appear on legal documents.

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?): _____

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: _____

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.

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