

ThompsonMcMullan, P.C.
100 Shockoe Slip
Richmond, Virginia 23219
email: mbrawls@t-mlaw.com
804-698-6241 (direct dial)
804-649-0654 (fax)
www.t-mlaw.com
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GUARDIANSHIP & CONSERVATOR QUESTIONNAIRE

NAME OF INCAPACITATED _____

RESIDENCE ADDRESS: _____

COUNTY/CITY/ZIP: _____ TELEPHONE #: _____

DOB: _____ AGE: _____ SSN: _____ MARITAL STATUS: _____

PRESENT LOCATION (incl. room & floor for hosp): _____

Height (apx) _____ Weight (apx) _____ Hair color _____ Eye color _____ Race _____
(For State police form SP-237 reporting info for incapacitated adults)

RELATIVES OF INCAPACITATED PERSON:

Please list **ALL** of the incapacitated person's living relatives in this order: **spouse, adult children, parents, and adult siblings** or, if **no** such relatives are known, please list **THREE** other known living relatives, including step-children.

Name/Age	Relation	Full Mailing Address & Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that provision of this intake instrument or its review by any employee of ThompsonMcMullan P.C., shall not of itself evince the existence of an attorney client relationship with ThompsonMcMullan P.C.

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DIAGNOSIS

MEDICAL INFORMATION

Current Physician: _____ Date last visit: _____

Address/Phone: _____

Psychiatrist/Neurologist: _____ Date last visit: _____

Address/Phone: _____

Hospital: _____ Date of Admission: _____

Hospital Social Worker: _____ Phone: _____

Nursing/Adult Home: _____ Phone: _____

Address: _____ Contact Name: _____

INCOME

Social Security \$ _____/month Type: _____

Retirement \$ _____/month Source: _____

Interest \$ _____/month Source: _____

Other \$ _____/month Source: _____

ASSETS

Real Estate

Location: _____

Current Tax Assessed value \$ _____ Taxes due? _____

How Held/Ownership? _____

Mortgage/Liens? _____

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ASSETS (Real Estate continued):

Insurance carrier and policy number: _____

If the real estate is occupied, please explain _____

Motor Vehicles

Make/Model _____ Year _____ Value _____

Make/Model _____ Year _____ Value _____

Any other valuable personal property:

Describe _____ Value _____

Bank Accounts

Location _____ Acct # _____ Value _____

Location _____ Acct # _____ Value _____

Location _____ Acct # _____ Value _____

Life Insurance

KIND

whole/term OWNER

BENEFICIARY

LIFE

FACE
AMOUNT

CASH
VALUE

HEALTH INSURANCE

Medicare A _____ B _____ ID # _____

Secondary Supplement _____ ID# _____ Premium \$ _____

Medicare D: _____ ID# _____ Premium \$ _____

Medicaid ID # _____ City/County _____

Eligibility Date: _____ Worker _____

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PROPOSED GUARDIAN:

NAME: _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____ CELL: _____ EMAIL: _____

DOB: _____ AGE: _____ SSN: _____ RELATION: _____

ANY CONVICTIONS or BANKRUPTCY: _____

EVER BEEN REFUSED BOND? _____

PROPOSED CONSERVATOR (if different than Guardian):

NAME: _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____ CELL: _____ EMAIL: _____

DOB: _____ AGE: _____ SSN: _____ RELATION: _____

ANY CONVICTIONS or BANKRUPTCY: _____

EVER BEEN REFUSED BOND? _____ (to serve as conservator for an individual whose estate including real property OR annual income exceeds \$15,000.00 you must be able to qualify for a fiduciary surety bond and a credit report will be requested from the surety company when applying for the bond)

PETITIONER / PERSON OR ENTITY BRINGING PETITION:

NAME: _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____ CELL: _____ EMAIL: _____

DOB: _____ AGE: _____ SSN: _____ RELATION: _____

ANY CONVICTIONS or BANKRUPTCY: _____

EVER BEEN REFUSED BOND? _____

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CURRENT AGENT UNDER POWER OF ATTORNEY OR MEDICAL DIRECTIVE (ENCLOSE COPY)

NAME: _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____ CELL: _____ EMAIL: _____

DOB: _____ AGE: _____ SSN: _____ RELATION: _____

DATE OF POA: _____ STATUS OF POA (CURRENT, REVOKED, RESIGNED, ETC.) _____

PERSON COMPLETING THIS FORM:

NAME: _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____ CELL: _____ EMAIL: _____

RELATION to incapacitated person: _____

HOW WERE YOU REFERRED TO US? _____

ADDITIONAL COMMENTS:

MENTAL HEALTH OPTIONS FOR GUARDIANSHIP PETITION:

Va. Code §37.2-805 & § 37.2-1009: Ask for authority for guardian to consent to the admission of respondent to a facility & consent to medical and psychiatric treatment, including administration of anti-psychotic medications and administration of electro-convulsive therapy _____ YES _____ NO

Please note that courthouses do not permit cell phones or similar devices (or any weapon) inside their buildings. Please do not bring such items to the hearing or qualification or you may not be admitted in the court.

PLEASE RETURN COMPLETED FORM TO MARY BETH RAWLS, THOMPSONMCMULLAN, PC, 100 SHOCKOE SLIP, RICHMOND, VA 23219 OR VIA FAX 804-649-0654 OR VIA EMAIL MBRAWLS@T-MLAW.COM

FN:T:\Majettes\DASHBOARDS\Questionnaires\Guardianship Data Qst 2013.Doc 8/12/2013

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