

GUARDIANSHIP AND CONSERVATORSHIP QUESTIONNAIRE

(PLEASE COMPLETE THIS PACKET IN INK)

To ensure that we will have enough time to understand the specifics of your situation, we must have this Information Packet returned to us at least three days prior to our meeting

If you need assistance completing the information, call our office (541-738-1800) and we will help you.

PLEASE BE AS THOROUGH AND ACCURATE AS POSSIBLE



Focused on what is important to you.

555 NW 5th Street, Corvallis, OR 97330
P: 541-738-1800 | F: 541-738-1801
www.ReynoldsLaw.us

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PETITIONER INFORMATION

Name _____

Birth date _____ Age _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business or Cell Phone _____

Interest (parent/adult child/sibling/etc.) _____

E-mail Address _____

It is okay to communicate with me via my E-mail address.

RESPONDENT INFORMATION

Name _____

Birth date _____ Age _____

Home Address _____ City _____ State _____ Zip _____

Current Location _____

PROPOSED GUARDIAN / CONSERVATOR INFORMATION #1

Name _____

Birth date _____ Age _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business or Cell Phone _____

Relationship to Respondent _____

PROPOSED GUARDIAN / CONSERVATOR INFORMATION #2

Name _____

Birth date _____ Age _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business or Cell Phone _____

Relationship to Respondent _____

IMPORTANT QUESTIONS

Has the proposed guardian/conservator ever been convicted of any crime? Yes No

Has the proposed guardian/conservator ever filed for bankruptcy? Yes No

Has the proposed guardian/conservator ever had a license revoked or canceled that was required by law of any state for the practice of an occupation or profession? Yes No

Has any fiduciary been appointed for the Respondent by a court of any state? *If so, please provide the name and address of the fiduciary:* Yes No

Has a trust been established by or for the Respondent? *If so, please provide the name and address of the Trustee:* Yes No

Has any health care representative been appointed for the Respondent? *If so, please provide the name and address of the representative:* Yes No

Is any person acting as attorney-in-fact for the respondent under a power of attorney? *If so, please provide the name and address of the person:* Yes No

Does the Respondent have any adult children? *If so, please provide the name(s) and address(es):* Yes No

Is the Respondent married? *If so, please provide the name and address of the spouse:* _____

Yes No

Does the Respondent have any living parent? *If so, please provide the name(s) and address(es):* _____

Yes No

Does the Respondent live with any person who is interested in the affairs or welfare of the Respondent (i.e., girlfriend, fiancée, etc.)? *If so, please provide the name of the person:* _____

Yes No

Does the Respondent receive money from the U.S. Department of Veterans Affairs?

Yes No

Does the Respondent receive public assistance payments from the Department of Human Services?

Yes No

Does the Respondent receive payments for medical assistance from the Oregon Health Authority?

Yes No

Does the guardian/conservator intend to place Respondent in a mental health treatment facility, a nursing home, or other residential facility? *If so, please provide the name and address of the facility:*

Yes No

MEDICAL CARE PROVIDERS

Primary Treating Physician:

Name _____ Address _____
Telephone Number _____

Additional Care Providers:

Name _____ Address _____
Telephone Number _____

Name _____ Address _____
Telephone Number _____

Name _____ Address _____
Telephone Number _____

Name _____

Address _____

Telephone Number _____

(Attach additional pages if necessary for *any* section or question)