



HORACIO SOSA, P.A.

ATTORNEY AT LAW

CLIENT DATA FOR GUARDIANSHIP

*** All information contained in this form is confidential and protected by attorney-client privilege. ***

Please complete this form to the best of your knowledge. We need to be as accurate as possible. If you leave answers in blank, we will assume that the question does not apply to you. Completing this prior to your appointment will enable us to spend more time during the meeting to answer your questions and help you identify solutions to your concerns.

PETITIONER'S INFORMATION

Name _____ SSN _____

Address _____

Telephone(s) _____ DOB _____

E-Mail Address _____

Relationship with the Alleged Incapacitated Person _____

ALLEGED INCAPACITATED PERSON'S INFORMATION

Name _____ SSN _____

Address _____

DOB _____ County _____

Language spoken: _____

IS THERE A KNOWN DIAGNOSIS? (e.g. Dementia, Alzheimer, Autism)

TELL ME IN YOUR OWN WORDS WHY YOU BELIEVE THE ALLEGED INCAPACITATED PERSON LACKS CAPACITY TO MAKE DECISIONS

WITNESSES

WHO ARE THE DOCTORS?

WHAT ARE THE ALLEGED INCAPACITATED PERSON'S ASSETS

INCOME



PROPOSED GUARDIAN (IT COULD BE THE SAME AS THE PETITIONER)

DOES THE ALLEGED INCAPACITATED PERSON HAVE ADVANCE DIRECTIVES, DURABLE POWER OF ATTORNEY AND LIVING WILL?

ALLEGED INCAPACITATED PERSON NEXT OF KIN

1. Name _____

Address _____

2. Name _____

Address _____

3. Name _____

Address _____

4. Name _____

Address _____



5. Name _____

Address _____

6. Name _____

Address _____

ASSETS

Real Estate

1. Address _____

Value _____

How Titled? _____ Homestead? Y N

2. Address _____

Value _____

How Titled? _____

3. Address _____

Value _____

How Titled? _____

Motor vehicles (Include trailers and boats)

1. Year _____ Make _____ Model _____

Serial Number _____ Value _____

2. Year _____ Make _____ Model _____

Serial Number _____ Value _____

Bank Account Information

1. Checking _____ Account Number _____



Beneficiary _____

2. Savings _____ Account Number _____

Beneficiary _____

3. Certificate of Deposit _____ Account Number _____

Beneficiary _____

4. Certificate of Deposit _____ Account Number _____

Beneficiary _____

5. Other _____ Account Number _____

Beneficiary _____

Life Insurance

1. Company _____ Policy Number _____

Value _____ Beneficiary _____

2. Company _____ Policy Number _____

Value _____ Beneficiary _____

3. Company _____ Policy Number _____

Value _____ Beneficiary _____

Stocks/Bonds/IRA's

1. Company _____ Value _____

2. Company _____ Value _____

3. Company _____ Value _____

Safety Deposit Box

1. Bank _____ Box Number _____



Household Goods and Furnishings

1. _____ Value _____
2. _____ Value _____

Other (Checks, Refunds, Taxes, Trusts)

1. _____

2. _____

3. _____

