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Guardian & Conservator Intake Form

--- Filling out and/or submitting this form DOES NOT create an attorney-client relationship. ---

Proposed Ward or Protected Person

Name:	
Residential address:	
Telephone:	
Date of birth:	
SSN:	
Marital status:	
Present location with address:	

Person Completing this Form

Name:	
Residential address:	
Telephone:	
Date of birth:	
SSN:	
Marital status:	
Relationship to ward or protected person:	

Interested Persons

Please provide the names and mailing addresses of the ward or protected person's spouse, adult children, parents, adult siblings, and next of kin (if there are none of the above), plus any government or health care agency that serves the ward or protected person, and any adult who lives with the ward or protected person, and any legal representative of any of the above.

Name	Age	Relationship, Interest	Mailing Address

Medical Information of Ward or Protected Person

(if a minor, then the following information may not be applicable)

Attending Physician

Name:	
Date of last visit:	
Office address:	
Telephone:	
E-mail:	

Psychiatrist

Name:	
Date of last visit:	
Office address:	
Telephone:	
E-mail:	

Hospital or Nursing Home

Contact name:	
Date of admission:	
Office address:	
Telephone:	
E-mail:	

Social Worker

Name:	
Date of last visit:	
Office address:	
Telephone:	
E-mail:	

Diagnosis

The allegedly incapacitated person's physical and mental condition is an issue. Please provide the most recent diagnosis regarding the condition of the proposed ward or protected person. If you do not have a diagnosis, please describe the symptoms.

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Income Summary

	Monthly Income	Source
Salary, wages:	\$ _____	
Private retirement: IRA, 401(k), etc.	\$ _____	
Interest:	\$ _____	
Social Security benefits:	\$ _____	
Other: (including rental & residual)	\$ _____	

Asset Summary

	Husband	Wife	Joint
Equity in MN real estate: Schedule A	\$ _____	\$ _____	\$ _____
Equity in real estate not in MN: Schedule B	\$ _____	\$ _____	\$ _____
Investments (non-retirement): Schedule C	\$ _____	\$ _____	\$ _____
Life insurance, death benefits: Schedule D	\$ _____	\$ _____	\$ _____
Tangible personal property: Schedule E	\$ _____	\$ _____	\$ _____
Business or trust property: Schedule F	\$ _____	\$ _____	\$ _____
Vested retirement assets: Schedule G	\$ _____	\$ _____	\$ _____
Anticipated inheritance: Schedule H	\$ _____	\$ _____	\$ _____
Powers of appointment: Schedule J	\$ _____	\$ _____	\$ _____
Other property: Schedule K	\$ _____	\$ _____	\$ _____
Asset Totals:	\$ _____	\$ _____	\$ _____
Liabilities, excluding mortgages: Schedule I	\$ _____	\$ _____	\$ _____

Proposed Guardian or Conservator

First Choice

Name:	
Residential address:	
Telephone:	
Date of birth:	
Marital status:	
E-mail:	
Relationship to ward or protected person:	
Attorney at law or disbarred attorney?	
Any criminal convictions or bankruptcy filings?	
Ever been refused bond?	

Second Choice

Name:	
Residential address:	
Telephone:	
Date of birth:	
Marital status:	
E-mail:	
Relationship to ward or protected person:	
Attorney at law or disbarred attorney?	
Any criminal convictions or bankruptcy filings?	
Ever been refused bond?	

Petitioner

(if different from person completing this form)

Name:	
Residential address:	
Telephone:	
Date of birth:	
Marital status:	
E-mail:	
Relationship to ward or protected person:	
Attorney at law or disbarred attorney?	
Any criminal convictions or bankruptcy filings?	
Ever been refused bond?	

Power of Attorney

Does the ward or protected person have or has ever had a general power of attorney? (yes or no)	
Name:	
Residential address:	
Telephone:	
E-mail:	
Date of birth:	
SSN:	
Marital status:	
Relationship to ward or protected person:	
Status of power of attorney: (current, revoked)	

Health Care Directive

Does the ward or protected person have or has ever had a health care power of attorney? (yes or no)	
Name:	
Residential address:	
Telephone:	
E-mail:	
Date of birth:	
SSN:	
Marital status:	
Relationship to ward or protected person:	
Status of power of attorney: (current, revoked)	

Additional Comments

A large, empty rectangular box with a thin black border, intended for providing additional comments. The box is currently blank.