

QUESTIONNAIRE FOR GUARDIANSHIP AND CONSERVATORSHIP PETITIONS

The following information is necessary for us to prepare a Petition for Appointment of a Guardian or a Conservator. If you need additional space, feel free to attach a continuation page. Once this form is returned to us, the Petition will be drafted for your review and signature.

1. Your information:

Name: _____

Phone Number: _____ Fax: _____ Email: _____

Address: _____

Relationship to Incapacitated Person/Minor: _____

2. Information about the Incapacitated or Protected Person/Minor (hereinafter referred to as "Respondent") that you are seeking to obtain Guardianship/Conservatorship over:

Name: _____

Age: _____

Date of Birth: _____ Primary Language: _____

Phone Number: _____

Principal Residence: _____

Date Residence was established: _____

Current Address: _____

Where will Respondent reside: _____

Who is the Respondents current treating doctor or psychiatrist (Name/Address/Phone) (you may skip this question if the Protected Person is a minor):

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3. Respondents Spouse and Children. If none, list parents and brothers and sisters or if none, list the closest living relative(s).

Full Name	Address, Apt., City, State, Zip	Phone	Relationship to Respondent	Minor? Incapacitated? In the military?

4. Has any person had the care and custody of Respondent or has Respondent resided with any one during the 60 days preceding the filing of this petition (exclusive of hospitalization or institutionalization)?

If yes, provide name, address, phone number, relationship to respondent; indicate if it is a co-residency situation or a care and custody situation; also list the applicable dates:

5. Give a brief description of the nature and extent of Respondent's alleged incapacity:

6. Does Respondent have an intellectual disability? _____ If so, please contact us regarding a Clinical Team Report.

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7. If filing for guardianship, what type of authorization are you seeking? (check all that apply)

_____ administration of antipsychotic medication

_____ admission to nursing facility

_____ end of life decisions

_____ special treatment, such as surgery or a procedure for which informed consent may be required (please specify type of procedure): _____

8. Who is the proposed Guardian/Conservator: _____

Address: _____

Phone: _____ Relationship: _____

Does the person have a priority appointment because they are or have been:

_____ nominated in Respondent's Durable Power of Attorney;

_____ Respondent's spouse or a spousal nominee; or

_____ Respondent's parent or a parental nominee

State the reason the proposed Guardian/Conservator should be appointed: _____

9. Does the Respondent have a current Guardian in the Commonwealth or elsewhere? _____

If yes, who: _____

Address: _____

Phone: _____ Relationship: _____

Attach a copy of the Decree/Order including Docket # and Court and any current Treatment Plan for antipsychotic medication.

10. Does the Respondent have a current Conservator in the Commonwealth or elsewhere? _____

If yes, who: _____

Address: _____

Phone: _____ Relationship: _____

Attach a copy of the Decree/Order including Docket # and Court.

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11. Has the Respondent nominated (in writing) a Guardian/Conservator in the Commonwealth or elsewhere? _____

If yes, who: _____

Address: _____

Phone: _____ Relationship: _____

Attach a copy of the nominating instrument.

12. Does the Respondent have a Health Care Agent in the Commonwealth or elsewhere? _____

If yes, who: _____

Address: _____

Phone: _____ Relationship: _____

Attach a copy of the Health Care Proxy.

13. Does the Respondent have a Durable Power of Attorney in the Commonwealth or elsewhere? _____

If yes, who: _____

Address: _____

Phone: _____ Relationship: _____

Attach a copy of the Durable Power of Attorney.

14. Does the Respondent have a Representative Payee in the Commonwealth or elsewhere?

If yes, who: _____

Address: _____

Phone: _____ Relationship: _____

15. Is the Respondent entitled to benefits from the Dept. of Veterans Affairs?

____ Yes ____ No ____ Uncertain

16. Does the Respondent have any assets in a Bank Account.

____ Yes ____ No ____ Uncertain

Description of Asset	Estimated Value of Property

