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CONFIDENTIAL CLIENT DATA FORM – GUARDIANSHIP

DATE \_\_\_/\_\_\_/\_\_\_

Person needing Guardianship or Conservatorship

Full Name: \_\_\_\_\_

Legal Residence/ Mailing Address Current Location (if different)
\_\_\_\_\_
\_\_\_\_\_

Date Legal Residence Established: \_\_\_\_\_

Date Current Residence Established: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Primary Caregiver Name & Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

- Basis for Guardianship/Conservatorship:
[ ] Intellectual Disability [ ] Physical Incapacity [ ] Mental Illness [ ] Minor [ ] Other

PETITIONER ONE:

PETITIONER TWO:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Might the person needing Guardianship/Conservatorship, or someone else, object to the need for a Guardianship/Conservatorship? [ ] Yes [ ] No

Might the person needing Guardianship/Conservatorship, or someone else, object to the appointment of this particular proposed Guardian/Conservator?

Yes  No

Do you think the Guardian/Conservator's authority should be limited in any way?

Yes  No

Do you need to admit the person in need of Guardianship/Conservatorship to a nursing home?

Yes  No

**Are the parents divorced?**

Yes  No

**Emergency/Temporary Guardianship Needed?**

Yes  No

What is the Emergency?

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What medications is this person taking?

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Does the person in need of Guardianship/Conservatorship have a:

Durable Power of Attorney?  Yes  No If yes, Name \_\_\_\_\_

Health Care Proxy?  Yes  No If yes, Name \_\_\_\_\_

Representative Payee?  Yes  No If yes, Name \_\_\_\_\_

**Asset Information of Incapacitated Person**

Estimated Total Asset Value: \_\_\_\_\_

Estimated Monthly Income \_\_\_\_\_

Source(s) of Income \_\_\_\_\_

Is there a current case filed in Probate Court:  Yes  No

If yes, Case Name, Docket Number, State filed and Status

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**Other Attorneys Involved in Guardianship/Conservatorship:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Representing: \_\_\_\_\_

Representing: \_\_\_\_\_

Anything else you would like us to know?

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