



ATTORNEYS & COUNSELORS

CONFIDENTIAL
GUARDIANSHIP & CONSERVATORSHIP
QUESTIONNAIRE

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I. INCAPACITATED ADULT INFORMATION

Name of Incapacitated Adult: _____

Current Mailing Address: _____

Date of Birth: _____ SS#: _____ Phone #: _____

County where Incapacitated Adult resides and has Personal Property: _____

Information about Person/Agency (if any) who currently has care and custody of the Adult:

Name: _____ Phone #: _____

Address: _____

• Does the Adult have the following:

▪ A **Patient Advocate** for medical/healthcare: Yes: _____ No: _____

• If yes, please provide:

Name: _____ Phone #: _____

Address: _____

▪ A **Power of Attorney** for financial: Yes: _____ No: _____

• If yes, please provide:

Name: _____ Phone #: _____

Address: _____

▪ A **Conservator**: Yes: _____ No: _____

• If yes, please provide:

Name: _____ Phone #: _____

Address: _____

▪ A **Guardian**: Yes: _____ No: _____

• If yes, please provide:

Name: _____ Phone #: _____

Address: _____

▪ A **Representative Payee for Social Security**: Yes: _____ No: _____

• If yes, please provide:

Name: _____ Phone #: _____

Address: _____

- Does the Adult have an action filed with the Family Division of the Circuit Court involving family members of the Adult? Yes: _____ No: _____

- If yes, please provide:

Name of the Court: _____

Case #: _____ Judge's Name: _____

- Is the case active? Yes: _____ No: _____

II. PETITIONER INFORMATION

Name of Petitioner: _____

Relationship to Incapacitated Adult: _____

Current Mailing Address: _____

Phone #: _____ SS#: _____

Date of Birth: _____ Driver's License #: _____

If you are petitioning the Court for Co-Guardianship and Co-Conservatorship, please provide the following:

Name of Petitioner: _____

Relationship to Incapacitated Adult: _____

Current Mailing Address: _____

Phone #: _____ SS#: _____

Date of Birth: _____ Driver's License #: _____

III. SPECIFIC INFORMATION ABOUT THE INCAPACITATED ADULT

GUARDIANSHIP:

- Please choose the best response as to why the Incapacitated Adult is in need of a **Guardian**:

Mental Illness: _____ Chronic Use of Drugs: _____

Mental Deficiency: _____ Chronic Intoxication: _____

Physical Illness or Disability: _____ Other: _____

- If Other, please explain: _____

- Please list the reasons why a **Guardianship** is needed based upon the response selected above (please attach a separate sheet if more space is needed):

CONSERVATORSHIP:

- Please choose the best reason as to why the incapacitated adult is in need of a **Conservator**:

_____ The individual is an Adult unable to manage his/her finances, property, or business affairs effectively due to:

Mental Illness: _____ Chronic Use of Drugs: _____

Mental Deficiency: _____ Chronic Intoxication: _____

Physical Illness or Disability: _____ Confinement: _____

Detention by a foreign power: _____ Disappearance: _____

Other: _____

- If Other, please explain: _____

_____ The Adult has property that will be wasted or dissipated unless proper management is provided.

_____ The Adult or his/her dependents are in need of money for support, care, and welfare, and protection is necessary to obtain or provide money.

_____ The Adult Petitioner is mentally competent, but because of age or physical infirmity is unable to manage his/her property and affairs affectively, and recognizing the disability, requests the appointment of a Conservator.

_____ The individual is a minor who:

_____ owns money or property that requires management or protection that cannot otherwise be provided.

_____ has or may have business affairs that may be jeopardized or prevented by minority.

_____ needs money for support and education, and protection is necessary or desirable to obtain or provide money.

_____ I am the Guardian of the Ward and it is in the Ward's best interests to sell or otherwise dispose of the Ward's real property or interest in the real property.

- Please list the reasons why a **Conservatorship** is needed based upon the response selected above (please attach separate sheet if more space is needed):

- Please provide the approximate dollar value of the Incapacitated Individual's Estate:

- Real Property: _____
- Personal Property: _____
- Insurance: _____
- Monthly Income: _____

- Please indicate whether adult is receiving benefits from any of the following governmental agencies.
 - If so, please provide the approximate dollar value of the benefit(s):

_____ Social Security: _____
 _____ SSI: _____
 _____ SSD: _____
 _____ Veterans: _____ Claimant #: _____
 _____ MDHS: _____
 _____ Other: _____

IV. SPECIFIC INFORMATION ABOUT THE INCAPACITATED ADULT’S FAMILY

- The Adult to be protected has the following: (Please list name(s) and address(es) below):

_____ A Spouse
 _____ Children
 _____ Descendants of deceased children
 _____ No living child or descendants of deceased children, but has living parent(s)
 _____ No spouse, child(ren), or parent(s)
 _____ Presumptive Heirs
 _____ None of the above

Individual #1

Full Legal Name: _____ Date of Birth: _____
 Address: _____ Relationship: _____
 Phone #: _____ SS#: _____

Individual #2

Full Legal Name: _____ Date of Birth: _____
 Address: _____ Relationship: _____
 Phone #: _____ SS#: _____

Individual #3

Full Legal Name: _____ Date of Birth: _____
 Address: _____ Relationship: _____
 Phone #: _____ SS#: _____

Individual #4

Full Legal Name: _____ Date of Birth: _____

Address: _____ Relationship: _____

Phone #: _____ SS#: _____

Individual #5

Full Legal Name: _____ Date of Birth: _____

Address: _____ Relationship: _____

Phone #: _____ SS#: _____

Individual #6

Full Legal Name: _____ Date of Birth: _____

Address: _____ Relationship: _____

Phone #: _____ SS#: _____

- Are any of the individuals listed above under any legal incapacity? Yes: _____ No: _____
 - If so, please provide their name, incapacity, and representative, if any:

Individual #1

Full Legal Name: _____

Incapacity: _____

Representative of the Individual: _____

Individual #2

Full Legal Name: _____

Incapacity: _____

Representative of the Individual: _____

Individual #3

Full Legal Name: _____

Incapacity: _____

Representative of the Individual: _____

Individual #4

Full Legal Name: _____

Incapacity: _____

Representative of the Individual: _____

Thank you for providing us with this information. With this information, we will draft and file pleadings with the County Probate Court to open the Guardianship and Conservatorship. At that time, the Court will appoint a Guardian Ad Litem who will request to make arrangements to contact the incapacitated individual and speak with you as well. The Guardian Ad Litem will be completing an evaluation of the incapacitated adult, and will be submitting the report to the Probate Court prior to the hearing date. The Guardian Ad Litem will charge a separate fee for their services.

The Probate Court filing fee for a Guardianship is **\$175.00**. The filing fee for a Conservatorship is **\$175.00**. The Probate Court cost for Certified Letters of Authority is **\$24.00**. The Court ordered Guardian Ad Litem's visit and report will cost approximately **\$300.00** to **\$500.00**.

After you have completed these forms, please send them back to us at your earliest convenience along with a check in the amount of **\$374.00**, made payable to the Kent County Probate Court, for the initial Probate Court filing fees.

If you have any questions or concerns during this process, please feel free to contact our office at any time. Thank you.