



ATTORNEYS AT LAW
A Professional Limited Liability Company



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Guardianship/Conservatorship Data Form
Confidential Client Communication

John R. Becker, Esq.

Email: john@beckerandhouse.com

Certified Tax Law Specialist

Certified Estate and Trust Law Specialist

Fellow, The American College of Trust and Estate Counsel

Thank you for choosing our firm to assist you. The information you provide in this questionnaire will help us during the Guardianship/Conservatorship process. The information requested in this form is necessary to provide you with proper advice and recommendations. We request that you complete all sections of this questionnaire to the best of your ability, and bring the same with the documents requested in Part VII, with you to your initial consultation. If you haven't already scheduled your initial consultation, please contact my office at your convenience to do so.

| | |
|---|--|
| Fees: Hourly Rate: \$ _____ Flat Fee: \$ _____ | Next Appointment: Date: _____ Time: _____ |
|---|--|

Guardianship/Conservatorship Data Form

The information on this form is confidential and subject to the attorney-client privilege.

I. WARD/PROTECTED PERSON'S INFORMATION

Full Name

First Middle Last

Date of Birth

_____/_____/_____

Social Security #

_____/_____/_____

Permanent Address

Street Address City State Zip

**Daytime location
(if different than
above)**

Street Address City State Zip

**Occupation/
Retired?**

Nature of Incapacity

**Lockdown/Inpatient
Psychiatric Care
needed?**

**Spoken language
other than English?**

Served in Military

Referred by:

**Name of Co-Tenant,
if not spouse**

Spouse's Name

Spouse's Address

**Spouse's Phone
Number**

**Spouse's Date of
Birth**

**If Spouse is
Deceased:
Date of Death**

OTHER:

II. PETITIONER'S INFORMATION

Full Name

First Middle Last

Date of Birth

____ / ____ / ____

**Social Security # or
CF #**

____ / ____ / ____

Mailing Address

Street Address City State Zip

Home Phone

(____) ____ - ____

Business Phone

(____) ____ - ____

Relation to Ward

Marital Status

OTHER:

_____.

IV. CONSERVATOR'S INFORMATION

(complete only if different than Guardian)

Full Name

First Middle Last

Date of Birth

_____/_____/_____

Social Security #

_____/_____/_____

Mailing Address

Street Address City State Zip

Home Phone

() - _____

Business Phone

() - _____

Marital Status

OTHER:

_____.

III. CHILDREN AND OTHER FAMILY MEMBERS OF WARD

Please continue on back if necessary

Children – Full Names and Addresses

Child #1: _____

Spouse's name: _____

Child #2: _____

Spouse's name: _____

Child #3: _____

Spouse's name: _____

Child #4: _____

Spouse's name: _____

**Grandchildren/Other Family/Other
Interested Parties – Full Name**

Address

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

IV. ASSET INFORMATION

| | |
|---|-----------------|
| Cash, (i.e., checking, savings, certificates of deposit, etc.) | \$ _____ |
| Marketable securities (i.e., stocks, bonds, brokerage accounts, etc.) | \$ _____ |
| Other Personal Property | \$ _____ |
| Real Property | \$ _____ |
| TOTAL | \$ _____ |

Annual Income:

| | |
|-----------------|-----------------|
| Social Security | \$ _____ |
| Pension(s) | \$ _____ |
| Dividends | \$ _____ |
| Other | \$ _____ |
| TOTAL | \$ _____ |

V. OTHER ITEMS

PHYSICIAN'S NAME: _____
 (to do report for Court) Name Address Phone

Reasons for G/C: _____

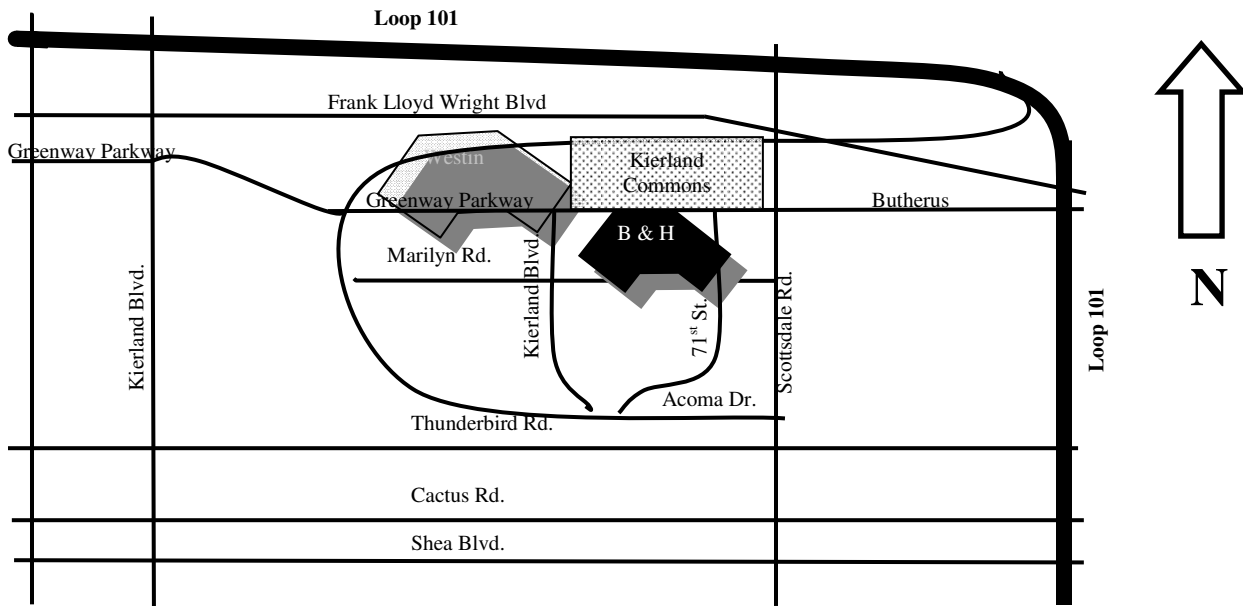
Please return this form using one of following options:

US Mail: Becker & House, PLLC
7025 E. Greenway Parkway, Suite 800
Scottsdale, Arizona 85254

Fax: 480.240.4021

Email: connie@beckerandhouse.com

Should you have any questions, please contact us at 480.240.4020



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