

THE **ELDER**
LAW FIRM Davis Pagnano McNeil & Vigna, LLP

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INFORMATION FOR GUARDIANSHIP AND/OR CONSERVATORSHIP

Information about the person who needs a guardian and/or a conservator:

Name: _____
Residence Address: _____
County: _____ Telephone: _____
Date of Birth: _____ Social Security No.: _____
Current Location: _____
County: _____ If in a hospital or care facility, when admitted: _____
Your relationship to the person: _____

Information about the person's spouse: Check here if the person is not married:

Name: _____
Address: _____
Telephone: _____ Age: 18 or older Under 18 years

If the person lives with a domestic partner, friend, or relative, information about him or her:

Name: _____
Relationship: _____ Age: 18 or older Under 18 years

Information about the person's closest living relatives (For example, children, parents, brothers and sisters, aunts and uncles, or nieces and nephews. If more space is needed, use additional sheets.):

Name: _____
Address: _____
Telephone: _____ Relationship: _____
Age: 18 or older Under 18 years

Name: _____
Address: _____
Telephone: _____ Relationship: _____
Age: 18 or older Under 18 years

Name: _____
Address: _____
Telephone: _____ Relationship: _____
Age: 18 or older Under 18 years

Has there been a guardian or conservator for the person before? Yes No

Has the person ever signed a power of attorney, advance directive for health care, trust or other document naming someone to make financial, medical or personal decisions? Yes No

If yes to either question, who was named to make decisions? (If more than one, use additional sheets.)

Name: _____
Address: _____
Telephone: _____ Relationship: _____
Type of document or decision maker: _____

Information about the person's current doctor(s): (If more than one, use additional sheets.)

Name: _____
Address: _____
Telephone: _____ Specialty: _____

Information about the person's lawyer(s): (If more than one, use additional sheets)

Name: _____
Address: _____
Telephone: _____

Briefly describe the person's physical and mental condition: _____

Does the person need help making medical and health care decisions? Yes No

If yes, please give examples showing why the person needs this type of help: _____

Does the person need help to take care of basic physical needs like food, shelter, clothing and personal cleanliness? Yes No

If yes, please give examples showing why the person needs this type of help: _____

Does the person need to stay in a care facility, or be moved to a care facility? Yes No

If yes, please give examples showing why the person needs to be in a care facility: _____

Does the person need help to respond to other problems? Yes No

If yes, please describe the other problems and the help needed: _____

What other kinds of help and services have been tried in the past year? (For example, help with housekeeping or bathing; someone setting up the medication or balancing the checkbook; medical or mental health treatment)

If those did not work, what are the reasons? _____

Does the person need help making decisions about finances and property? Yes No

If yes, please give examples showing why the person needs this type of help: _____

Who else has personal experience with the situations you described? (For example, caregivers, case managers, other family members, friends and neighbors)

Name: _____

Address: _____

Telephone: _____ Relationship: _____

Name: _____

Address: _____

Telephone: _____ Relationship: _____

Who should be the guardian and/or conservator?

Name: _____

Address: _____

Telephone: _____ Relationship: _____

Date of Birth: _____

Has the proposed guardian and/or conservator filed for bankruptcy, been convicted of a crime, or had any occupational or professional license revoked? Yes No

If yes, please explain: _____

Source of Person's Income	Amount of Income Per Month

Does the person receive benefits from the US Department of Veterans Affairs? Yes No

Does the person receive Medicaid or Oregon Health Plan benefits, SNAP (food stamps), or other assistance from the Oregon Department of Human Services? Yes No

Does the person have property or other assets worth more than \$10,000? Yes No

INFORMATION FOR CONSERVATORSHIP CASE

A conservator is usually needed if the person who cannot manage his or her finances has property or other assets worth more than \$10,000. If someone else (for example, a trustee or an agent named in a power of attorney) is already managing the property and other assets, please describe the arrangement on a separate sheet of paper.

Real Property Address	Type of Property	Value

Vehicle Year, Make, and Model	Location	Value

Bank and Brokerage Accounts	Account Number	Balance

Retirement Plans and IRAs	Account Number	Cash Value

Annuities and Life Insurance Policies	Contract or Policy Number	Cash Value

Other Assets (Describe)	Location	Value

INFORMATION FOR AN EMERGENCY GUARDIANSHIP OR CONSERVATORSHIP

Is there an immediate, life-threatening problem? Yes No

If yes, what is the harm that will come to the person if there is not an emergency guardianship or conservatorship? _____

If there is an emergency, the court requires statements from doctors or from other people who have personal knowledge of the emergency situation. Who would be willing and able to provide those statements?

Name: _____
 Telephone: _____ Relationship: _____

Name: _____
 Telephone: _____ Relationship: _____