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GUARDIANSHIP/CONSERVATORSHIP QUESTIONNAIRE

Your name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Name of Individual needing a guardianship or conservatorship:

Address: _____

Is he or she currently living with someone else? _____

Your relationship to this individual requiring guardianship/conservatorship: _____

His or her date of birth: _____

Describe why you believe a guardianship is required: _____

The physician(s) caring for the individual:

Name (s): _____

Address: _____

Phone: _____

Does the individual have a Durable Power of Attorney or Health Care Proxy? _____

If so, do you have a copy or know who they appointed? _____

Is he or she currently receiving any antipsychotic medications? _____

If yes, please list the medications you know of: _____

Is he or she receiving SSI, SSDI or other state benefits? _____

Please list all family members of the individual, including a spouse, children, siblings and parents and provide addresses and telephone numbers (there is more room on the last page if needed):

Is the individual needing guardianship/conservatorship currently in unsafe situation that may require an immediate emergency guardianship to be filed? _____

Please explain: _____

Describe the individual's assets including:

Real estate: _____

Stocks: _____

Bank Accounts: _____

Retirement Funds: _____

Is he or she employed? _____

Where?: _____

What other income does he or she receive (i.e. trust funds?) _____

Please provide any information that you feel is relevant to a guardianship/conservatorship proceeding. _____
