

McAndrews Law Offices, P.C.



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Attorneys At Law

GUARDIANSHIP QUESTIONNAIRE

Your Name: _____ Date: _____

Email Address: _____ Telephone Number: _____

Referred by: _____

1. County of Petition: _____

2. Information Regarding Alleged Incapacitated Person (AIP):

Name: _____

Address: _____

Date of Birth: _____ His/her relationship to you: _____

Height _____ Weight _____ Hair Color _____ Eye Color _____ Race _____

Social Security number _____ - _____ - _____

3. Briefly describe Alleged Incapacitated Person's:

- Diagnosis: _____

- Physical functioning: _____

- Mental functioning and IQ (if known): _____

- Social functioning: _____

- Significant understanding of finances? _____

4. Please attach a document that describes the nature and extent of the disability (i.e., IEP, ISP, ER, RR or other health record).

5. Appearance at Court hearing:

In general, the court requires the Alleged Incapacitated Person to attend the hearing unless the doctor advises it is not in his or her best interest. Therefore, do you think it would be in the Alleged Incapacitated Person's best interest to attend the hearing?

Yes _____ No _____

If no, the Court will request a brief explanation to excuse the Alleged Incapacitated Person's appearance. Such explanations might include health, physical, emotional or cognitive difficulties, that a hearing may cause anxiety or loss of self-esteem, that transportation is difficult or costly, or that a hearing may confuse or be uncomfortable for the individual. Please explain why the Alleged Incapacitated Person should not attend the hearing:

6. Alleged Incapacitated Person's attending/treating physician or psychologist:

Name: _____ Phone #: _____

Address: _____

When did physician begin treating the Alleged Incapacitated Person?

7. Alleged Incapacitated Person's Institution or School, if any:

Name: _____ Date of Admission: _____

Address: _____

8. Type(s) and Amount(s) of Public Benefits received by Alleged Incapacitated Person:

Supplemental Security Income (SSI) _____

Medical Assistance (MA) _____

Mental Health/Intellectual Disabilities (MH/ID) _____

Social Security Disability Income (SSDI) _____

Medicare _____

Section 8 Housing _____

Other _____

9. Proposed Guardian information:

Proposed Co- Guardian (if any)

Name: _____

Name: _____

Address: _____

Address: _____

Age & Date of Birth: _____

Age & Date of Birth: _____

Occupation: _____

Occupation: _____

Relation to AIP: _____

Relation to AIP: _____

10. Name, Relationship, Age & Address of all Immediate Family Members of Alleged Incapacitated Person (siblings, biological parents, adoptive parents, step-parents, step-siblings, children or spouse).

Name: _____

Name: _____

Address: _____

Address: _____

Relation: _____

Relation: _____

Age: _____

Age: _____

Name: _____

Name: _____

Address: _____

Address: _____

Relation: _____

Relation: _____

Age: _____

Age: _____

Use back of page for additional family members.

11. Please list all assets in Alleged Incapacitated Person's name (including any Trusts, bank accounts, UTMA/UGMA accounts, bonds, 529s, etc.)

Upon receipt of the completed Questionnaire, McAndrews Law Offices, P.C. will contact you to discuss the circumstances of your case. Please note that our base fee for an uncontested Guardianship proceedings for Pennsylvania, Delaware, Virginia and Maryland is \$2,950.00 (New Jersey is \$3,500.00), and we ask that payment of this fee be submitted before we begin work. This fee anticipates up to 8 hours of work, which is sufficient to complete a typical guardianship. If the case exceeds that, we would bill hourly. We will do our best to inform you as soon as possible if that should occur. Contested guardianships or cases where the alleged incapacitated person has a mental health diagnosis are billed at our hourly rates. Please contact our office if you have any questions or would like to discuss a payment plan.