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GUARDIANSHIP QUESTIONNAIRE

Your Name: _____ Date: _____

Email Address: _____ Telephone Number: _____

Address: _____

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 _____ - _____ - _____

Does Alleged Incapacitated Person have a: _____ Will _____ Power of Attorney
(Please provide) _____ Living Will

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 Residential Placement 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: _____

*Social Security Number: _____

*Social Security Number: _____

Have you ever filed for bankruptcy? _____
If yes, when? _____

Have you ever filed for bankruptcy? _____
If yes, when? _____

** The Court requires the submission of a recent criminal record check on every proposed guardian. Please provide us with the birth dates and social security numbers of each proposed guardian so that we may complete the criminal record check. If any criminal history appears, we will contact you to discuss before submitting the history to the Court. Of course, if you have any concerns about this, please let us know.*

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). Use back of page for additional family members.

Name: _____

Name: _____

Address: _____

Address: _____

Relation: _____

Relation: _____

Age: _____

Age: _____

Name: _____

Name: _____

Address: _____

Address: _____

Relation: _____

Relation: _____

Age: _____

Age: _____

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 we bill hourly for Guardianship matters. In uncontested Guardianship proceedings for Pennsylvania, Delaware, Virginia and Maryland, we require a retainer of \$3,750.00 (New Jersey is \$4,000.00), and we ask that payment of this fee be submitted before we begin work. Contested guardianships or cases where the alleged incapacitated person has a mental health diagnosis are billed at our hourly rates, and may require a different retainer, which is determined on a case by case basis. Please contact our office if you have any questions or would like to discuss a payment plan.