McAndrews, Mebalick, Connolly,
Hulse and Ryan P.C.

Attorneys At Law

30 Cassatt Avenue
Berwyn, Pa 19312
Phone: 610-648-9300
Fax: 610-648-0433
www.McAndrewsLaw.com

GUARDIANSHIP/ ADULT CHILD WITH DISABILITIES QUESTIONNAIRE

Your Name:_____ Date: _____

Email Address: _____

Telephone Number:_____

Address:_____

Referred by: _____

1. County: _____

2. Information Regarding the Adult with Disabilities:

   Name: _____

   Address: _____

   _____

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

   Height _____ Weight_____ Hair Color_____

   Eye Color _____ Race _____

   Does the Adult with disabilities have any for the following estate planning documents?

   _____Will

   _____Power of Attorney

   _____ Living Will

   If yes, please provide copies.

3. Briefly describe Adult with Disabilities:

- Diagnosis: _____
- Physical functioning: _____
- Mental functioning and IQ (if known): _____
- Social functioning: _____
- Significant understanding of finances? _____
- Any prior hospitalizations? _____
- Any prior criminal history? _____
- Any known traumatic events? _____
- Any history of drug and alcohol abuse? _____
- Any history of self-harm/ suicidal thoughts or threats? _____

4. If available, please attach a document that describes the nature and extent of the disability (i.e., IEP, ISP, ER, RR, Neuro-Psychological Evaluation, 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. Attending/treating physician or psychologist:

Name: _____

Phone #: _____

Address: _____

When did physician begin treating the Adult with Disabilities? _____

Is the Adult with Disabilities willing to establish Psychological/psychiatric treatment?
Yes _____ No_____

7. 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:

Name: _____

Address: _____

_____

Age: _____

Date of Birth: _____

Occupation: _____

Relation to AIP: _____

Have you ever filed for bankruptcy?
_____ Yes _____ No

Proposed Co- Guardian (if any)

Name: _____

Address: _____

_____

Age : _____

Date of Birth: _____

Occupation: _____

Relation to AIP: _____

Have you ever filed for bankruptcy?
_____ Yes _____No

If yes, when? _____ If yes, when? _____

The Court requires the submission of a recent criminal record check on every proposed guardian. The attorney will discuss what is needed during your initial consultation 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, stepsiblings, 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 Adult with Disabilities name (including any Trusts, bank accounts, UTMA/UGMA accounts, bonds, 529s, etc.)

_____

_____

12. Do you think Guardianship will be contested? Yes_____ No _____.

If yes, please explain who would contest and why?

_____

_____

_____

13. Please describe an additional information regarding your adult child with Disabilities:

_____

_____

_____

_____

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. Please note that in uncontested guardianship proceedings, we require an upfront fee of $6,750.00. 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.