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GUARDIANSHIP/CONSERVATORSHIP QUESTIONNAIRE

Please answer this questionnaire fully and truthfully to the best of your ability and knowledge. The information contained herein will be used in the guardianship/conservatorship petition to which you will be swearing to and affirming under penalty of perjury. Please complete as much of this questionnaire as possible before your consultation.

You will be the “petitioner” and the “proposed ward” is the person for whom the guardianship/conservatorship is being sought.

If a question is not applicable, please so indicate with an “N/A”. If you need more space, please continue your answer on a separate sheet, attach it to the questionnaire and reference the question number on the additional sheet(s). The information you provide will be held in the strictest of confidence. If you have any questions or concerns regarding this questionnaire or the process, please do not hesitate to contact our office.

PART I – Petitioner(s) Information

Your Name (First, Middle, Last): _____

Residence Address: _____

Mailing Address (if different from above): _____

Home Phone No. _____ Cell Phone No. _____ Work Phone No. _____

Email address: _____ Date of birth: _____

Employer: _____

Work Address: _____

Length of employment: _____ Gross Monthly Income _____

Relationship to proposed ward: _____

How long have you known the proposed ward? _____

Please explain why you would like to become the proposed ward's guardian/conservator and how you are qualified to be so.

If there is a co-petitioner seeking to be appointed as co-guardian/co-conservator please have him or her complete the following section.

Your Name (First, Middle, Last): _____

Residence Address: _____

Mailing Address (if different from above): _____

Home Phone No. _____ Cell Phone No. _____ Work Phone No. _____

Email address: _____ Date of birth: _____

Employer: _____

Length of employment: _____ Gross Monthly Income _____

Work Address: _____

Relationship to proposed ward: _____

How long have you known the proposed ward? _____

Please explain why you would like to become the proposed ward's guardian/conservator and how you are qualified to be so.

Miscellaneous Guardianship/Conservatorship Information

Has the proposed ward previously nominated a guardian and/or conservator to be appointed? If so, how was the nomination made (i.e. via durable power of attorney, advance health care directive, will or other signed writing)? Please attach any documents in which the proposed ward has previously nominated a guardian and/or conservator to be appointed for him or her.

Has another guardian/conservator been appointed by a court in another jurisdiction or state? If so, please list the name(s), address(es), phone number(s) and other contact information of the appointed guardian(s)/conservator(s). Please attach copies of the appointing documents, if available.

If you are appointed as guardian/conservator, briefly describe the immediate and future plans of the proposed ward (i.e. living situation, management of property, investment of assets, etc.).

Part II – Proposed Ward’s Personal Information

Name (First, Middle, Last): _____

Any other names/aliases: _____

Gender: _____ Date of Birth: _____ Place of Birth: _____

Residence Address: _____

Address where proposed ward is currently residing, if different from above (i.e. nursing/group home, care facility, etc): _____

Caregiver/Facility Administrator’s name: _____

Caregiver/Facility Administrator’s Phone No. _____

Caregiver/Facility Administrator’s email address: _____

Will the proposed ward be able to attend any court hearings? If not, please explain why.

Please describe the extent to which the proposed ward is able or unable to care for his or her own person or manage his or her property/assets. For example, is the proposed ward able to function in one area of his or her life, but not in another? How does the proposed ward’s incapacity impact his or her ability to make or communicate decisions?

If the proposed ward has any estate planning documents (i.e. will, trust, power of attorney, advance health care directive, etc.), please attach copies to the questionnaire.

Part III – Proposed Ward’s Medical Information

Proposed Ward’s primary doctor: _____

Address: _____

Doctor’s Phone No. _____ Doctor’s Email address: _____

Type of doctor (i.e. general, psychiatrist, psychologist, etc.): _____

How long has this doctor treated the proposed ward? _____

Proposed Ward’s specialist doctor (if any): _____

Address: _____

Doctor’s Phone No. _____ Doctor’s Email address: _____

Type of doctor (i.e. general, psychiatrist, psychologist, etc.): _____

How long has this doctor treated the proposed ward? _____

Has a physician(s) formally diagnosed the proposed ward’s incapacity? _____

Briefly describe the medical disability or condition(s) the proposed ward is suffering from:

Part V – Proposed Ward’s Estate

Please list and describe each asset owned by or titled in the proposed ward’s individual name and the asset’s approximate value. Assets may include real property, checking and savings accounts, brokerage accounts, safe deposit box, certificate of deposits, life insurance, vehicles, annuities, collectibles, retirement accounts, etc.

Description of Asset	Approximate Value

Proposed Ward’s Liabilities

Please list and describe each of the proposed ward’s financial liabilities, if any. This may include mortgages, loans or other forms of debt.

Description of Liability	Approximate Value

Proposed Ward's Income

Please list and describe all of the proposed ward's current and anticipated income sources and their approximate monthly amounts. This may include Social Security, pension, income generated from assets, retirement accounts (401(k), IRA, Keogh, etc.), insurance, annuities, etc.

Description of Income Source	Monthly Amount

Proposed Ward's Expenses

Please list and describe all of the proposed ward's expenses and their approximate monthly amounts. This may include food, housing, clothing, prescription drugs, asset upkeep (ex. real property maintenance), etc.

Description of Expense	Monthly Amount

I/We have personally completed and reviewed this Guardianship/Conservatorship Questionnaire and any attached documents and find it to be accurate to the best of my/our knowledge. I/We understand that this information will be used in the preparation of the petition to seek a guardianship/conservatorship for the proposed ward and that my/our attorney and advisors may rely solely on this statement.

Print Name	Signature	Date
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Print Name	Signature	Date
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