



**RAINA D. CORNELL
ATTORNEY AT LAW**

CONFIDENTIAL GUARDIANSHIP DATA SHEET

Today's Date: _____ Referred By: _____ Attorney: _____

Name of Ward (first, middle, last): _____ D.O.B.: _____ SEX: _____

Any other names used (i.e. maiden name or prior marriages) _____

S.S.N.: _____ Does Ward have a Driver's License: _____

Current Address: _____ Length of Residence: _____ County: _____

Social Worker/Nursing Home Contact: _____ Telephone Number: _____

Ward's Phone: _____

Spouse of Ward

Name(first, middle, last): _____ D.O.B.: _____

Any other names used (i.e. maiden name or prior marriages) _____

S.S.N.: _____ Driver's License No.: _____

Address (if different): _____ County: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parents of Ward

Name	Age	D.O.B.	S.S.N.	Address and Phone Number

Children of Ward (Living and Deceased)

Name	Age	D.O.B.	S.S.N.	Address and Phone Number

Brothers & Sisters of Ward

Name	Age	D.O.B.	S.S.N.	Address and Phone Number

WARD'S INFORMATION

Does the Ward have any of the following documents: Living Will Trust
 Healthcare Power of Attorney Last Will & Testament Financial Power of Attorney Representative Payee Long term care Insurance

How would you describe the Ward's relationship with his/her family?

Excellent Good Fair Poor

How would you describe the relationship the proposed ward's family members have with each other?

Excellent Good Fair Poor

Is the prospective ward aware that the applicant is seeking the guardianship? yes no

Is the Ward Physically residing at: Someone else's Home The proposed ward's home

An Assisted Living Facility Nursing Home Other _____

Does the Ward leave his/her residence on a regular basis during the day (i.e. for adult daycare, etc.)?

yes no. If yes, how long and for what purpose: _____

Are there any public or private agencies that provide assistance to the ward: yes No

If so, please state the name, contact person and telephone number for each agency:

Does the Ward have a court-appointed conservator: yes no

Do you believe the Ward is competent enough to exercise any of the following rights on his/her own behalf?

Marry Vote Hold Driver's License or Drive a Vehicle Execute Will

Execute a contract Hold or convey direct ownership of property

Please list the name, medical specialty, and telephone number of each health care professional that the ward has treated with in the last two years:

Is any person currently dependent on the proposed ward for financial support: Yes No

Is any person currently providing financial support to the proposed ward: yes no

Does the Ward suffer from any of the following: Developmental Disability Dementia

Other Infirmities of Aging Alcohol Abuse Drug or other substance abuse

Mental Illness

Do you believe that the ward is capable of living independently at his or her current home: yes no

If not, what is the least restrictive living arrangement for the ward's safe care? _____

Should he/she be in a locked unit unlocked unit memory unit

Real Estate owned by Ward (including any and all real estate located outside of Ohio):

Location and Value

Name of Bank/Financial Institution/Credit Union of Ward (ie. Checking, Savings, CD's)	Address	Account Number	Balance

Monthly Income(s): _____ Spouse: _____

Source of Income: _____ Spouse: _____

Do you receive income from any other source? _____

If so, how much? _____

Medicaid? _____ When? _____

Personal Property: Please list all of the personal property that you own and list the description and the present approximate value.

List any problems the person may have in communicating.

Has the Expert Evaluation been completed _____

THIS PORTION TO BE COMPLETED BY ATTORNEY

Questions for Applicant to be guardian of ward:

- 1) Has Applicant ever filed bankruptcy? [] Yes [] No
- 2) Has Applicant ever been garnisheed? [] Yes [] No
- 3) Has Applicant ever been in receivership? [] Yes [] No
- 4) Has Applicant ever been convicted of a felony? [] Yes [] No
- 5) Has Applicant had experience in handling investments in marketable securities? [] Yes [] No

Set forth that experience _____

Name of Applicant (first, middle, last): _____ D.O.B.: _____ SEX: _____

Any other names used (i.e. maiden name or prior marriages) _____

Relationship to Ward: _____ S.S.N.: _____ Current Address: _____

Length of Residence: _____ County: _____ Home Telephone Number: _____ Cell Number: _____

Email Address: _____ Work Number: _____ Marital Status: _____

Driver's License Number: _____

Employer: _____ Job Title: _____ Full Time or Part Time: _____

Employer's Address: _____ Employer's Phone Number: _____

Duration of Employment: _____

Have you ever served as a guardian before? ____ yes ____ no . Are you currently serving as a guardian of any other ward? ____ yes ____ no.

Are you named or do you serve as an agent for the ward in a _____ Healthcare Power of Attorney _____ Financial Durable Power of Attorney. If so, have you ever encountered problems in using said documents? ____ yes ____ no.

Do you currently act as any of the following for the ward: ____ Physician ____ Attorney
____ Care giver ____ Landlord ____ Creditor ____ Custodian

Do you owe the ward any money? _____ Does the ward owe you any money? _____

List the prescriptions and/or over the counter medication taken by the ward _____
