

Dependant Adult Information Sheet

1. Applicant (and spouse if applicable)

Full Name, Address, Telephone Number(s), Email

Decision Maker for anyone else? Yes ____ No ____ (If Yes, explain) _____

Financial Trust for anyone else? Yes ____ No ____

Conviction for violent crime? Yes ____ No ____

Ever been bankrupt? Yes ____ No ____

Is there a conflict if you are appointed? Yes ____ No ____ (If Yes, explain) _____

Are you able to post a bond if required? Yes ____ No ____

2. Adult

Full Name, Address

Current Living Arrangements

Phone Number of Place of Residence: (_____) _____ - _____

3. Estate of Adult

Estimated value of Adults estate: \$ _____ (use draft Form K)

Banking Institution of Adult: _____

How is property/assets currently being managed: _____

Who else may have an interest in the estate of the Adult: (provide full names and addresses)

4. Other Information

Why does the Adult need a personal and property guardian?

How will you be able to carry out your duties?

What is your plan for the Adults estate?

Are there any other Applications in the Court? Yes ____ No ____

5. Medical Assessments

By: Dr. _____

Date: _____

By: Dr. _____

Date: _____