

# GUARDIANSHIP INFORMATION SHEET

## Alleged Incapacitated Person(AIP)

### 1. Petitioner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: *Home:* \_\_\_\_\_

*Work:* \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

### 2. Incapacitated Person Information (AIP):

Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Nature and Degree of Incapacity: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Name and address of custodian (facility) having  
care/custody of AIP: \_\_\_\_\_

\_\_\_\_\_

Veteran? YES  NO

Any Veteran's Administration Benefits? YES  NO

Is there an existing guardianship, limited guardianship or  
conservatorship? YES  NO

Is the AIP a beneficiary of a Trust? YES  NO

**3. Contact Information of Family of AIP:**

*Spouse/Partner/Significant Other/Adult Children/Other Interested Parties (If any)*

	<b>Name</b>	<b>Address</b>	<b>Phone &amp; Email</b>	<b>Relationship</b>
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				
<b>5</b>				

**4. AIP Medical Contact Information:**

**Physician:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Psychiatrist:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Other Medical Professionals:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**5. Assets of AIP:**

<b>Asset Description</b>	<b>Approximate Value</b>
<b>Real Property (Address):</b>	
1.	
2.	
<b>Stocks &amp; Bonds:</b>	
1.	
2.	
3.	
<b>Mortgages, Notes and Other Written Evidence of Debt OWED TO AIP:</b>	
1.	
2.	
3.	
4.	
5.	
<b>Bank Accounts:</b>	
1.	
2.	
3.	
<b>Cash on Hand:</b>	
<b>Furniture and Household Goods:</b>	
<b>Vehicles:</b>	
1.	
2.	

3.	
<b>Asset Description</b>	<b>Approximate Value</b>
<b>Other Personal Property:</b>	
1.	
2.	
<b>Income</b> ( <i>Pension/Interest/Dividends/Insurance/etc.</i> ):	
1.	
2.	
3.	
<b>Supplemental Security Income: YES <input type="checkbox"/> NO <input type="checkbox"/></b>	
<b>Washington State Assistance: YES <input type="checkbox"/> NO <input type="checkbox"/></b>	
<b>Shelter Workshop: YES <input type="checkbox"/> NO <input type="checkbox"/></b>	
<b>Veterans Administration: YES <input type="checkbox"/> NO <input type="checkbox"/></b>	

6. **Debts and Living Expenses of the Incapacitated Person:**

**Debts currently owed by AIP:**

<b>Creditor</b> ( <i>Name &amp; Address</i> ):	<b>Amount Owed:</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**AIP Living Expenses** (*Anticipated or Actual*):

<b>Expense:</b>	<b>Amount:</b>
<b>Room &amp; Board:</b>	
<b>Clothing:</b>	
<b>Food:</b>	
<b>Medical/Dental:</b>	
<b>Insurance:</b>	
<b>Taxes</b> ( <i>specify below</i> ):	
<b>1.</b>	
<b>2.</b>	
<b>Other:</b>	

**Pending litigation involving AIP? YES  NO**

**If yes, provide details:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Guardianship Information:**

**Completed Lay Training? YES  NO**

**Date completed** \_\_\_\_\_

**Attach copy of completion certification.**

*If not completed access Benton County web page at <http://www.courts.wa.gov/layguardiantraining> and navigate to training link, register and complete.*

**Nominee for Appointment of Guardian:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

Phone: *Home:* \_\_\_\_\_

*Work:* \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to AIP: \_\_\_\_\_

**Standby Guardian:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: *Home:* \_\_\_\_\_

*Work:* \_\_\_\_\_

Email: \_\_\_\_\_

**Type of Guardianship:**

Person & Estate      YES  NO

Person ONLY      YES  NO

Estate ONLY      YES  NO

**Limited Guardianship:** *(if applicable):*

Person & Estate      YES  NO

Person ONLY      YES  NO

Estate ONLY      YES  NO

**If limited guardianship, specify limitations:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

