

RUSO LAW GROUP, P.C.

Estate Planning, Elder Law & Special Needs



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By Appointment Only: Forest Hills | Patchogue | Southold

GUARDIANSHIP PLANNING QUESTIONNAIRE

PLEASE COMPLETE THIS QUESTIONNAIRE TO THE BEST OF YOUR ABILITIES.

NOTE: Please bring the following Documents to our meeting, if available and applicable: (a) Will(s), (b) Power(s) of Attorney, (c) deed to residence and real properties, (d) last two years tax returns, tax bill, (e) life and health insurance policies, (f) all existing Guardianship documents, if applicable, and (g) any other documents or information you deem relevant.

In Guardianships, many facts must be presented to the court. We will review this questionnaire at our meeting. The legal term for the person for whom you are requesting a Guardian is **Alleged Incapacitated Person (AIP)**.

PERSONAL INFORMATION

AIP: _____ Date of Birth _____ Social Security Number _____

Address: _____
Street _____ Town _____ State & Zip Code _____

Telephone: _____
Home _____ Fax _____

Name of anyone residing with AIP: _____

Citizenship: _____ Military Service: _____
AIP _____

Petitioner/Guardian _____ Relationship _____
Last First M.I.

Address: _____
Street _____ Town _____ State & Zip Code _____

Telephone: _____
Home and Business _____ Fax _____ Email _____

Co/Standby Guardian _____ Relationship _____
Last First M.I.

Address: _____
Street _____ Town _____ State & Zip Code _____

Telephone: _____
Home and Business _____ Fax _____ Email _____

Citizenship: _____

Russo Law Group, P.C. Use Only (March 2016) Guardianship Matter No: _____ Date: _____

PLEASE ANSWER QUESTIONS 1-7 FOR ALL PROPOSED GUARDIANS AND STANDBY GUARDIANS. The Court will require information regarding the proposed guardian/co-guardians and standby guardian, this information helps the Court to determine if the Court will appoint the proposed guardian.

1. What do you do for a living? (If retired, what did you do prior to retiring?) _____

2. How long have you been employed by your current employer (or your last employer before retirement)?

3. Are you current on filing your income tax returns? _____

4. Why have you decided to file a petition for guardianship? _____

5. Is there any reason to believe that you may not be able to procure a Court ordered Bond?

6. Have you ever served as guardian before? _____

7. Are you currently serving as guardian do any one? _____

Please Answer The Following Questions Regarding the Alleged Incapacitated Person (AIP)

1. Physician: _____
Specialty, if any: _____
Address: _____
Telephone #: _____ Fax #: _____ Email: _____
2. Psychologist: _____
Specialty, if any: _____
Address: _____
Telephone #: _____ Fax #: _____ Email: _____

3. Diagnoses: _____

4. Disability/Infirmity (explain if possible): _____

5. Describe the AIP's Memory: _____

6. Describe any actions that you feel demonstrate the need for a Guardian, or the AIP's inability to understand and appreciate his or her circumstances: _____

7. Which type of care is the AIP currently receiving (check all that apply)?
Day Care: _____ Home Care: _____ Nursing Home: _____
Custodial Care: _____ Skilled Care: _____
8. If applicable, the name and address of the Hospital/Facility in which the AIP is residing: _____

- Telephone Number: _____ Fax #: _____ Email: _____
- Date of Admittance: _____
- Name of the Director/Administrator: _____

9. If applicable, which type of care is the AIP likely to receive upon discharge (check all that apply)?

Day Care: _____ Home Care: _____ Nursing Home: _____

Custodial Care: _____ Skilled Care: _____

a. # Hours of Care/Day: _____

10. How is the AIP's care paid for at this time (i.e., private pay, insurance, Medicare)?

11. Describe the Extent of Care Given: _____

12. Has there been a Judicial Declaration of Incompetency/Incapacity: Yes _____ No _____

Court: _____

County: _____

Judge: _____

Date: _____ Please attach copy of decision.

Named Guardian/Conservator/Committee: _____

13. Restrictions on Activities of Daily Living:
(check the descriptions that apply)

Eating ☐ soft food/puree diet
☐ By Hand

☐ Nasogastric tube
☐ PEG

Mobility ☐ cane
☐ walker

☐ wheelchair
☐ bedridden/limited movement

☐ Transferring (moving in/out of bed or a chair)

Bathing ☐ physically unable
☐ with assistance

☐ needs to be reminded

Dressing ☐ physically unable
☐ with assistance

☐ needs to be reminded

Grooming ☐ physically unable ☐ needs to be reminded
 ☐ with assistance

Toileting ☐ with assistance ☐ catheter
 ☐ diapers

Comments: _____

14. Instrumental Activities of Daily Living:(check activities with which AIP needs assistance)

☐ Shopping ☐ Cleaning
☐ Laundry ☐ Managing Finances
☐ Cooking

Comments/other: _____

15. Family

The AIP is ☐ Single ☐ Married* ☐ Widow/Widower ☐ Divorced*

*(Date of marriage/divorce _____)

Children of present marriage (living and deceased). Indicate if adopted, and give the date adopted and the court granting adoption order. (Indicate if deceased by writing "D" and date of death next to name.) Please indicate whether any deceased child left any surviving children.

<u>Name</u>	<u>Address</u>	<u>Tele #</u>	<u>Fax #</u>	<u>Email</u>	<u>Age</u>

Husband: Children of a prior marriage to _____
Name of former spouse (please provide copy of divorce papers)

Wife: Children of a prior marriage to _____
Name of former spouse (please provide copy of divorce papers)

Grandchildren:

<u>Name</u>	<u>Address</u>	<u>Tele #</u>	<u>Fax#</u>	<u>Email</u>	<u>Age</u>

Please list parents, brothers, sisters, grandparents, and others (if relevant). Please note if any of those listed are dependent on you for support. (Indicate if deceased by writing "D" and date of death next to name.)

<u>Name</u>	<u>Address</u>	<u>Tele #</u>	<u>Fax #</u>	<u>Email</u>	<u>Age</u>

16. General Information

	Yes	No
Is the AIP covered by Social Security?.....	_____	_____
If so, where is the check deposited? _____		
Is the check directly deposited by Social Security?.....	_____	_____
Does the AIP have a Will?.....	_____	_____
Date of Will?.....		
Location of Original Will.....		
Name of Executor and Successor Executors _____		
Does the AIP have a Durable Power of Attorney?.....	_____	_____
Names of Agents: _____		
Does the AIP have a Health Care Proxy?.....	_____	_____
Names of Agents: _____		
Does the AIP have a Living Will?.....	_____	_____
Does the AIP have a Living Trust?.....	_____	_____
Names of Trustees: _____		
Revocable _____		
Irrevocable _____		
Date of Trust _____		
Date of Trust _____		

17. Health Care Information

	Yes	No
Does the AIP have Medicare Part A?	_____	_____
Part B?	_____	_____
Supplemental Insurance.....	_____	_____
Name of Carrier: _____		
Long Term Health Care Insurance.....	_____	_____
Name of Carrier: _____		
(Please provide a copy of the Long Term Care Policy)		
Does the AIP receive Medicaid Benefits?	_____	_____
Does the AIP receive Veterans Benefits?	_____	_____
Is anyone in the AIP's family receiving SSD or is disabled?	_____	_____
If yes, please explain. _____		

If the AIP were in the hospital and unable to make decisions for him/herself, with whom would the AIP want his/her doctor to consult about his/her care? (in priority order)

If the AIP were unable to carry out his/her financial business, whom would the AIP want to pay bills, make investment decisions and carry out other transactions?

Does the AIP have special financial or caregiving responsibility for any family members?

Yes	No
_____	_____

If yes, please explain:

18. Other Questions:

	Yes	No
Does someone prepare the AIP's taxes?	_____	_____

Name: _____

Address: _____

Telephone#: _____ Fax #: _____ Email: _____

Is the AIP current in filing their tax returns? Yes No
____ ____

Does the AIP consult someone about investments? ____ ____

Name _____

Address _____

Telephone#: _____ Fax #: _____ Email: _____

Does the AIP have an insurance agent or any other advisors? ____ ____

Name _____

Address _____

Telephone#: _____ Fax #: _____ Email: _____

Has the AIP been appointed to a fiduciary status (executor, trustee, attorney-in-fact, etc.)
under any legal documents? ____ ____

If so, please describe the documents. _____

Is the AIP involved in a lawsuit? ____ ____

If yes, please explain. _____

Has the AIP made any gifts or transfer of assets for less than full consideration within the last 3 years?
If so, please explain. ____ ____

<u>Donor</u>	<u>Donee</u>	<u>Date Given</u>	<u>Date Return Filed</u>	<u>Value</u>
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19. Income and Expenses

Please list the AIP's estimated **MONTHLY** income and expenses this year from the following sources.

Income

Social Security _____

Interest _____

Dividends _____

Pension Benefits _____

IRA Benefits _____

Rental Income _____

Capital Gains (Losses) _____

Other Taxable Income _____

Other Non-Taxable
Income _____

Total Income _____

Expenses

Housing _____

Non-Housing _____

Health Care _____

Medigap Insurance _____

Prescription Drugs _____

Nursing Home _____

Other _____

Total Expenses _____

20. Assets and Liabilities

Instructions:

Please complete the present, or last known value of the AIP's assets or liabilities.

Also please state if the asset is owned jointly or solely in the AIP's name.

Where appropriate, please indicate the names of any beneficiaries to particular assets.

If an asset is owned with another person, under owners please indicate the other person's name.

ASSETS:

Real Estate

Owner(s)	Location	Estimated Value	Mortgage Balance	Cost Basis
_____	(a) _____	\$ _____	\$ _____	\$ _____
_____	(b) _____	\$ _____	\$ _____	\$ _____
_____	(c) _____	\$ _____	\$ _____	\$ _____
Is there a veteran's exemption on the residence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a senior citizen's exemption on the residence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a STAR exemption on the residence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How much is paid each year in real estate taxes?		\$ _____		
Are any of the above listed properties rental?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If so, which property/ies? _____				

Cash, Bank Accounts, Certificates of Deposit and Savings Bonds

(a) Cash on Hand \$ _____

(b) Checking Accounts

Owner(s)	Description (Bank and Account Number)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(c) Savings Accounts

Owner(s)	Description (Bank and Account Number)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(d) Certificates of Deposit

Owner(s)	Description (Bank, Account Number and Maturity date)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(e) Individually Held Stocks and Bonds

Owner(s)	Description (i.e., Stock, Number of Shares)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(f) Brokerage Accounts - Stocks, Bonds, Mutual Funds

Owner(s)	Description (Brokerage and Account Number) Please indicate if an account has stocks or other equities by an “(s)”, bonds by a “(b)” and Mutual Funds by an “(mf)”.	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(g) Savings Bonds

Owner(s)	Description (i.e., EE, E, H Bond, and dollar amount)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Life Insurance

Owner	Company	Face Amount	Cash Value	Insured	Beneficiary
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	\$ _____	\$ _____	_____	_____

Retirement Benefits**(a) Pension**

Owner	Company	Beneficiary	Amount
_____	_____	_____	_____
_____	_____	_____	_____

(b) Keogh or 401(k)

Owner	Company	Beneficiary	Amount
_____	_____	_____	_____
_____	_____	_____	_____

(c) IRA Accounts

Owner	Company	Beneficiary	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mortgages, Notes and Annuities (owned by AIP, this is different than a Mortgage debt)

Owner(s)	Company	Beneficiary	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Tangible Personal Property

(a) Tangible Personal Property

Owner	Location	Description	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

(b) Automobiles

Owner	Make & Year	Value
_____	_____	\$ _____
_____	_____	\$ _____

(c) Safe Deposit Boxes Yes _____ No _____

Names on Box	Location (i.e., Bank)	Contents	Estimated Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Miscellaneous (i.e, Business Interests, Timber Rights, Timeshares, etc.)

Please provide estimated values.

Liabilities:

a. Current Debts, Loans, Mortgages, Contingent Liabilities

Debtor	To Whom	Amount
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>

[illegible]

SUMMARY OF ASSET AND LIABILITY VALUES

(Please insert the total value of each asset category as set forth in the questionnaire, if you are unsure please leave blank)

ASSETS	Value in AIP's Name Only	Value In Joint Names	Total
1. Real Estate			
2. Cash			
Checking			
Savings/Money Market			
Certificates of Deposit			
3. Stocks and bonds			
Individually held			
Brokerage			
Mutual Funds			
Savings Bonds			
4. Life Insurance (face value)			
5. Retirement Benefits			
Pension			
401(K)			
IRA Accounts			
6. Annuities, Mortgages and Notes			
7. Personal Property			
8. Business Interests			
9. Miscellaneous			
Total Assets			
LIABILITIES	In AIP'S Name	In Joint Names	Total
1. Debt			
2. Mortgage Payables			
Total Liabilities			
NET WORTH			