

RUSSO LAW GROUP, P.C.

Estate Planning, Elder Law & Special Needs



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By Appointment Only: Forest Hills | Patchogue | Southold

REQUIRED CLIENT INFO FOR 17A PETITIONS

PLEASE COMPLETE THIS QUESTIONNAIRE TO THE BEST OF YOUR ABILITIES.

NOTE: Person Guardianship is for (hereinafter sometimes referred to as the "Respondent"):

Respondent's Name: _____
(As it appears on the Birth Certificate)

Date of Birth: _____

Marital Status: _____

☐ Intellectually Disabled

☐ Developmentally Disabled

Respondent is a Native American child under the Indian Child Welfare Act of 1978 (25 U.S.C. Sections 1901-1963):

☐ Yes ☐ No

Domicile Street Address: _____
Address

City

State & Zip Code

Is the Mailing address different?

☐ Yes ☐ No

If the Respondent is employed, provide Employer Name and Address:

Employer Name

Address

City

State & Zip Code

If the Respondent resides in a Group Home or Facility:

Group Home or Facility Name: _____

_____ Address

_____ City State & Zip Code

Name of Director of Group Home or Facility: _____

_____ Address

_____ City State & Zip Code

2 MEDICAL AFFIDAVITS ARE REQUIRED TO BE COMPLETED BY EITHER THE PRIMARY CARE PHYSICIAN AND LICENSED PSYCHOLOGIST OR 2 EXAMINING PHYSICIANS:

Name, address and fax/phone of Certifying Physician/Primary Care Physician:

_____ Name Address

_____ Fax/Phone No.

Name, address and phone/fax of second Certifying Physician or Licensed Psychologist:

_____ Name Address

_____ Fax/Phone No.

If Primary care physician different from certifying physician:

_____ Name Address

_____ City State & Zip Code

Answers to be determined by Medical affidavits:

- Can the Respondent attend the hearing to be scheduled by the court? () Yes () No
- If not, is it because Respondent is medically incapable of being present to the extent that attendance is likely to result in physical harm to respondent? () Yes () No
- OR is it for other reasons? () Yes () No

Name of person seeking to be Guardian and/or Co-Guardians:

Name

Date of Birth

Street Address

City

State & Zip Code

Interest/Relationship to Respondent: _____

Education

Qualifications

Standby Guardian:

Name

Date of Birth

Street Address

City

State & Zip Code

Interest/Relationship to Respondent: _____

Education

Qualifications

First Alternate Standby Guardian:

Name

Date of Birth

Street Address

City

State & Zip Code

Interest/Relationship to Respondent:

Education

Qualifications

Information regarding the Parents and relatives of Respondent:

Name of Respondent's Father

Date of Birth

Date of Death (if applicable)

Street Address

City

State & Zip Code

Mailing address is different:

() Yes () No

Name of Respondent's Mother

Date of Birth

Date of Death (if applicable)

Street Address

City

State & Zip Code

Mailing address is different:

() Yes () No

Name of Respondent's Spouse

Date of Birth

Date of Death (if applicable)

Street Address

City

State & Zip Code

Respondent's Children and/or Siblings

Name(s), addresses, and ages of adult children and adult siblings (18 years of age or older) of the Respondent:

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Relationship to Respondent</u>

Mailing address is different:

() Yes () No

If parents, spouse, adult children, or adult siblings are living but not proposed to be appointed guardian, standby guardian, or alternate standby guardian, provide explanation.

Assets of the Respondent
Bank Accounts:

Title of Bank Account

Account Number

Balance Amount - \$

Insurance Company:

Insurance Policy Company

Policy Number

Amount Insured

Name of Insured

Relationship to Respondent

Stock and Bond Information:

Stock Name

Number of Shares

Stock Value - \$

Real Property:

Location of Real Property

Gross Value

Annual Income

Rental Income (if applicable)

Respondent's Interest

Property Is: (select all that apply):

☐ Mortgaged · ☐ Under a Lien

Amount:

\$

Is residence to be occupied by respondent?

() Yes () No

Is sale of property contemplated?

() Yes () No

Annual Income of Respondent:

Source of wages to be received

Amount

Source of pension to be received

Amount

Name of Trust from which income is received: _____

Amount

Source of governmental entitlements

Amount

Source of other income

Amount

If the Respondent is a beneficiary of someone's estate please provide:

Decedent Name

Relationship to Respondent

Date of Death

Attach a copy of the Court appointment of representative of the estate () Yes () No