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PROVIDING:
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** Certified Elder Law Attorney
By The National Elder Law Foundation
Accredited by The American Bar Association*

• Also Admitted in New York

▪ Accredited Professional Mediator

** Accredited Veterans Attorney*

QUESTIONNAIRE for PROPOSED GUARDIANSHIP

Today's Date _____

Name of Person Completing Questionnaire: _____

Home Phone No. _____ Business Phone No. _____

This form is extremely important. Your accuracy and completeness in responding will help me represent you. Bring this information with you to the appointment.

I. GENERAL

Full Name of Proposed Ward _____
(print name)

Address _____

City _____ State _____ Zip _____

Date Domicile Established _____

Place of Confinement or Hospitalization (if different from address above):

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Date of Confinement or Hospitalization _____

Birth Date _____ Age _____ Social Security No. _____

II. PROPOSED GUARDIAN(S)

A. PROPOSED GUARDIAN

Full Name of Proposed Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Birth Date _____ Social Security No. _____

Relationship to Proposed Ward or Interest in Proceedings: _____



B. PROPOSED CO-GUARDIAN

Full Name of Proposed Co-Guardian (if applicable) _____
Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____
Birth Date _____ Social Security No. _____
Relationship to Proposed Ward or Interest in Proceedings: _____

C. POTENTIAL CONFLICTS

1. Is the Proposed Guardian receiving any compensation from the Proposed Ward for services rendered? Yes No
If yes, how much is the compensation? \$ _____
2. Does the Proposed Guardian owe any funds to the Proposed Ward?
Yes No If yes, how much? \$ _____
3. Does the Proposed Ward owe any funds to the Proposed Guardian?
Yes No If yes, how much? \$ _____
4. Has the Proposed Guardian experienced any of the following problems?
 - a. Conviction of a crime? (other than a misdemeanor) Yes No
 - b. Bankruptcy? Yes No
 - c. Revocation of a professional or occupational license? Yes No

III. NAMES, ADDRESSES, AND RELATIONSHIPS OF PERSONS ENTITLED TO NOTICE OF HEARING

A. PROPOSED WARD Is it anticipated that the Proposed Ward will remain at the above address for the next six (6) weeks? Yes No

B. PROPOSED WARD'S SPOUSE

Married Separated Divorced Deceased

Name of Proposed Ward's Spouse _____
Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____
Birth Date _____ Age _____ Social Security No. _____

C. PROPOSED WARD'S FATHER

Name of Proposed Ward's Father (if living) _____
Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____



D. PROPOSED WARD'S MOTHER

Name of Proposed Ward's Mother (if living) _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

E. PROPOSED WARD'S CHILDREN

1. Name of Child _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Birth Date _____ Age _____

2. Name of Child _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Birth Date _____ Age _____

3. Name of Child _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Birth Date _____ Age _____

4. Name of Child _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Birth Date _____ Age _____

F. CLOSEST RELATIVE(S) OF PROPOSED WARD (IF NO PARENTS, SPOUSE, OR CHILDREN)

1. Name of Relative _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Birth Date _____ Age _____

2. Name of Relative _____

Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

Birth Date _____ Age _____



3. Name of Relative _____
Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____
Birth Date _____ Age _____

G. INDIVIDUAL LIVING WITH PROPOSED WARD. Full Name of Individual (if any)
Living With Proposed Ward

H. ADMINISTRATOR OF FACILITY IN WHICH PROPOSED WARD IS LIVING (IF APPLICABLE)

Name of Administrator _____
Address _____
City _____ State _____ Zip _____
Business Phone No. _____

I. BUSINESS PARTNER(S) OR ASSOCIATE(S) OF PROPOSED WARD

1. Name of Partner or Associate _____
Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____

2. Name of Partner or Associate _____
Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____

J. POTENTIAL WITNESSES (INDEPENDENT OF FAMILY MEMBERS)

1. Name of Potential Witness _____
Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____

2. Name of Potential Witness _____
Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____

3. Name of Potential Witness _____
Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____



IV. **WHY DOES PROPOSED WARD NEED A GUARDIAN?**

A. Name(s) of medical condition(s):

B. Examples of mental incapacity:

C. If an emergency temporary guardianship is necessary, what immediate harm will be prevented by such guardianship?

V. **MEDICAL**

A. **PHYSICIAN OF PROPOSED WARD**

1. Name of Physician/Psychiatrist (if any)

Address_____

City_____ State_____ Zip_____

Business Phone No._____

Attending or Examining

2. Name of Physician/Psychiatrist (if any)

Address_____

City_____ State_____ Zip_____

Business Phone No._____

Attending or Examining

B. **INSURANCE**

1. Medicare: Medicare Part A Medicare Part B

2. Private Insurance **(Please provide copy of policy)**

Name of Private Medical Insurance Company

Address_____

City_____ State_____ Zip_____

Business Phone No._____

Policy No._____



3. Long-Term Health Care Insurance **(Please provide copy of policy)**

Name of Long-Term Health Insurance Company _____

Address _____

City _____ State _____ Zip _____

Business Phone No. _____

Policy No. _____

Home Care or Custodial Care

VI. **SUMMARY OF INCOME AND EXPENSES.** Please list Proposed Ward's estimated income and expenses for this year from the following sources:

Monthly Amounts

<u>Income</u>	<u>Proposed Ward</u>	<u>Proposed Ward's Spouse</u>
Social Security	_____	_____
Interest	_____	_____
Dividends	_____	_____
Pension Benefits	_____	_____
IRA Benefits	_____	_____
Rental Income	_____	_____
Capital Gains (Losses)	_____	_____
Other Taxable Income	_____	_____
Other Nontaxable Income	_____	_____
TOTAL	_____	_____

(Please provide copies of statements.)

<u>Expenses</u>	<u>Proposed Ward</u>	<u>Ward's Spouse</u>
Housing Expense	_____	_____
Medical Expenses	_____	_____
Fuel Costs	_____	_____
Electric Costs	_____	_____
Food and Clothing	_____	_____
Telephone Bill	_____	_____
Transportation	_____	_____
Insurance	_____	_____
Miscellaneous Expenses	_____	_____
TOTAL	_____	_____

VII. **ASSETS AND LIABILITIES**

A. **ASSETS**

1. Real Estate **(Please provide copies of all deeds and/or leases.)**

<u>Owner(s)</u>	<u>Location and Basis</u> (Purchase Price Plus Improvements)	<u>Estimated</u> <u>Value</u>	<u>Mortgage</u> <u>Balance</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

<u>Owner(s)</u>	<u>Leases</u>	<u>Annual Rent</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Stocks and Bonds **(Please provide copies of statement or certificates.)**

a. Held by Ward

_____	\$ _____
_____	\$ _____
_____	\$ _____

b. Held by Spouse

_____	\$ _____
_____	\$ _____
_____	\$ _____

c. Held in Joint Names

_____	\$ _____
_____	\$ _____
_____	\$ _____

3. Partnership or Closely Held Corporate Interests **(Please provide partnership agreement, shareholder's agreements, and copies of stock certificates.)**

<u>Owner(s)</u>	<u>Business</u>	<u>Percentage</u> <u>of Interest</u>	<u>Value of</u> <u>Interest</u>
_____	_____	_____	_____
_____	_____	_____	_____

4. Cash, Mortgage, and Notes **(Please provide copies of bank statements, mortgages, and notes receivable.)**

a. Cash

_____ \$ _____



b. Checking Accounts [Name(s) on Account(s) and Name(s) of Bank(s)]

<u>Owner(s)</u>	<u>Bank</u>	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

c. Savings Accounts [Name(s) on Account(s) and Name(s) of Bank(s)]

<u>Owner(s)</u>	<u>Bank</u>	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

d. Mortgages Receivable

<u>Owner(s)</u>	<u>Mortgagee(s)</u>	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

e. Notes Receivable [Name(s) of Holder(s)]

<u>Owner(s)</u>	<u>Debtor(s)</u>	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

5. Life Insurance/Annuities **(Please provide copies of all policies.)**

<u>Owner(s)</u>	<u>Company</u>	<u>Amount</u>	<u>Loan</u>	<u>Beneficiary</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

6. Tangible Personal Property \$ _____

7. Household Furnishing, Jewelry, Collections

a. Ward \$ _____

b. Ward's Spouse \$ _____

c. Other Tangible Personal Property (e.g., Boats)

<u>Owner(s)</u>	<u>Property</u>	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

d. Automobiles **(Please provide a copy of each registration)**

<u>Owner(s)</u>	<u>Automobile</u>	<u>Current Value</u>
_____	_____	\$ _____
_____	_____	\$ _____



e. Safe Deposit Boxes Yes No

<u>Name and Location of Box</u>	<u>Contents</u>	<u>Estimated Value</u>
_____	_____	\$ _____
_____	_____	\$ _____

f. Collections included in any category above (e.g., jewelry, antiques, art)

<u>Location and Owner(s)</u>	<u>Estimated Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

8. Retirement Benefits--Proposed Ward **(Please provide copies of statements.)**

a. Pension Beneficiary

<u>Owner(s)</u>	<u>Company</u>	<u>Beneficiaries</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

b. Profit Sharing

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

c. IRA Accounts

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

B. LIABILITIES

1. Debts (Credit Card, Loans, etc.)

<u>To Whom Owed</u>	<u>Date Incurred</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

2. Mortgages Payable

_____	_____	\$ _____
_____	_____	\$ _____

VIII. **TRANSFERS/GIFTS MADE BY WARD WITHIN THE PAST 60 MONTHS**

<u>To Whom (Person or Trust)</u>	<u>Date of Transfer/Gift</u>	<u>Amount Transferred</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



IX. CURRENT ESTATE PLANNING DOCUMENTS

Has the Proposed Ward executed any of the following estate planning documents:

- 1. Will Yes No
- 2. Living Trust Yes No
- 3. Living Will or Health Care Power of Attorney Yes No
- 4. Power of Attorney Yes No
- 5. Other: _____ Yes No

(Please provide copies of any of the above-mentioned documents that exist.)

X. DIGITAL ASSETS

Do you have any digital assets including any of the following:

- Security System--Primary Residence: Code:
- Security System--Vacation Residence: Code:
- Desktop computer: Username: Password
- Laptop computer: Username Password
- Email Accounts: Gmail Hotmail Outlook AOL [Other]
- Social Networking: Facebook LinkedIn Twitter Pinterest [Other]
- Telecommunications: Skype AOL AIM [Other]
- Digital Photography: Snapfish Shutterfly [Other]
- Credit Cards: Visa Mastercard American Express [Other]
- E-commerce Accounts: PayPal eBay Craglist Amazon Other]
- Domain Name and Address:
- Other Online Accounts: Flickr YouTube [Other]

XI. REFERRAL

By whom were you referred to this office?

Name _____

Street Address _____

City _____ State _____ Zip _____

Referral is:

- _____ Attorney
- _____ Financial Planner
- _____ Previous Client of the Law Office of Donald D. Vanarelli
- _____ Other: _____



Have you visited our website at www.dvanarelli.com? Yes No

If yes, do you have any ideas for improving our website? If so, please discuss.

XII. **ADDITIONAL INFORMATION** Do you believe there is any other information I should be aware of? Yes No . If yes, please explain: _____

XIII. **CERTIFICATION**

I understand that the recommendations and advice which you give, and any documents you prepare, will be based on the accuracy and completeness of the disclosures made herein. **Thus, I certify that the information provided is true and correct in all respects to the best of my knowledge and belief.**

Client

Client