

GUARDIANSHIP/CONSERVATORSHIP

Client Interview Sheet

- 1. Name of person to be protected: _____.
- 2. Where is that person located now? _____.
If in hospital/care center, when admitted? _____.

- 3. Ill person's:
Birthday: _____ Age: _____
Address: _____ SSN: _____

- 4. Persons Important in the life of the ill person.

Name, address and telephone:

Relation	Name	Address	Telephone #
Spouse/Partner			
Adult child			

Closest relative other than those above: Name: _____
Address: _____

Telephone #: _____

Persons residing with ill person: _____

Address: _____

Persons depending on ill person for support:

Relation	Name	Address

5. Persons familiar with this situation:

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

6. Is an emergency temporary guardian order necessary? YES NO

What immediate harm will come to the ill person without a court appointment of someone to act as temporary guardian? _____

7. Is any doctor or advisor recommending the ill person be placed **for treatment outside of the home?** YES NO

Is so, WHY? _____

8. Name, address and telephone number of proposed guardian:

Name: _____

_____ Date of Birth: _____ Age: _____

_____ Address: _____

_____ Telephone: Work: _____ Home: _____

Is the proposed guardian being paid to provide services to the ill person? YES NO

9. Please describe the problems of the ill person: _____

10. Is there a treating doctor?
Name: _____
Address: _____

Telephone: _____

11. Other care givers?
Name: _____ Name: _____
Address: _____ Address: _____

Telephone: _____ Telephone: _____

12. Is there a health care representative or agent? YES NO
If so, please provide a copy to the lawyer.

Note: If the ill person's medical problems have triggered the document, then the authorized representative or agent should request medical chart notes and/or a letter supporting the guardianship or conservatorship.

13. Is there a financial agent under the power of attorney or trustee managing the ill person's financial affairs? YES NO

If so, please provide a copy to the lawyer.

14. Will a home need to be sold to pay for care costs? YES NO

15. Is the financial manager having any trouble? YES NO

Please describe: _____

16. Does the ill person have a will? YES NO

If so, please provide a copy to the lawyer.

17. Describe the income and assets of the ill person. (Briefly)

Assets: _____

Income: _____

_____ Income source and amount:

SS: _____ Pension: _____

Other: _____

Other: _____

Other: _____

18. Should there be any limits on the authority of the guardian or conservator? YES NO

If so, what limits are appropriate? _____

19. Is the ill person receiving funds payable by the Veterans administration or the Oregon

Department of Human Resources or any other federal/state program? YES NO

If so, describe: _____

20. Does the proposed guardian or conservator owe any money to or receive funds regularly

from the ill person? YES NO

If so, describe: _____

21. Are any assets held jointly by the ill person and others? YES NO

If so, please discuss with lawyer.

22. If the proposed guardian or conservator has any of the following problems, discuss with the lawyer:

_____ Conviction of a crime.

_____ Prior bankruptcy.

_____ Revocation of an occupational or professional license.

23. Describe the ill person's place of residence and of programs, activities, or service in which he/she is involved. _____

24. Brief description of the ill person's physical condition. _____

25. Brief description of the ill person's mental condition. _____

26. Brief description of contacts made with ill person during the past year. _____

PLEASE RETURN THIS DOCUMENT TO THE ATTORNEY. THANK YOU.