



**The Peninsula Center**  
for Estate and Lifelong Planning  
Attorney and Counselor at Law

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**CONSERVATORSHIP/GUARDIANSHIP INTAKE**

**I. Information regarding Incapacitated Person for whom appointment of Conservator and/or Guardian is requested:**

A. List the full name of the Incapacitated Person:

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B. List the residence address and telephone number of the Incapacitated Person:

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

C. Does the Incapacitated Person own the residence listed in #2 above:

\_\_\_\_\_Yes \_\_\_\_\_No

D. List the current address and telephone number of the Incapacitated Person, if different from the residence address listed above:

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

5. If applicable, list (a) the date the Incapacitated Person was transferred to the current address, and (b) the reason for the transfer:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

E. List the name, address, and telephone number of the individual or institution currently responsible for care of the Incapacitated Person (Note: If an individual, specify the relationship of that individual to the Incapacitated Person):

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F. Provide the following personal information of the Incapacitated Person:

- (a) Date of Birth: \_\_\_\_\_
- (b) Social Security No.: \_\_\_\_\_
- (c) Race: \_\_\_\_\_
- (d) Height: \_\_\_\_\_
- (e) Weight: \_\_\_\_\_
- (f) Hair Color: \_\_\_\_\_
- (g) Eye Color: \_\_\_\_\_
- (h) Native Language: \_\_\_\_\_

**II. Information regarding family of Incapacitated Person:**

A. If applicable, list the name, address, and telephone number of the spouse of the Incapacitated Person. If the Incapacitated Person is widowed, specify the name of the deceased spouse and the date of death:

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B. If applicable, list the name, address, and telephone number of **all** natural and adopted children of the Incapacitated Person, and indicate whether the children are now living or deceased:

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- C. If there are two or fewer family members listed, then provide the names, addresses, and telephone numbers of the next closest family members of the Incapacitated Person:

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**III. Medical Information regarding Incapacitated Person:**

- A. List the name, address, and telephone number of the primary physician for the Incapacitated Person:

- B. List that physician's primary diagnosis of illness(es) of the Incapacitated Person and the date of the last evaluation:

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- C. Provide a brief description of the services currently being provided for the health, care, safety, or rehabilitation of the Incapacitated Person:

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- D. Would the Incapacitated Person be able to attend the guardianship hearing?

\_\_\_\_\_Yes    \_\_\_\_\_No

**IV. Information relating to Assets of the Incapacitated Person:**

A. Provide the following information relating to the assets of the Incapacitated Person:

- (1) Value of residence (specify how the value was determined, i.e., appraisal or local government tax assessment):

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- (2) Address and value of other real property located *in* the State of Virginia:

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- (3) Address and value of real property located *outside* the State of Virginia:

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- (4) Bank Accounts (list the name of the institution, the account number, the type of account (checking, savings, money market, CD, etc.), the value of the account, and the ownership of the account (if jointly held, specify the name of the person who holds joint title to the account)):

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- (5) Brokerage/Stock Accounts (list the name of the institution, the account number, the type of account, the value of the account, and the ownership of the account (if jointly held, specify the name of the person who holds joint title to the account)):

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- (6) Other Marketable Securities (provide as much detailed information as possible for each marketable security):

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- (7) Retirement Accounts, Annuities and SSI (list the name of the institution, the account number, the type of account, the value of the account, and the beneficiary of the account):

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- (8) Life Insurance Policies (list the name of the institution or insurer, the account or policy number, the type of account or policy, the value of the account or policy, and the beneficiary of the account or policy):

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**V. Information relating to Liabilities of the Incapacitated Person:**

- A. Provide the following information relating to the liabilities of the Incapacitated Person:

- (1) Mortgage(s) on Real Property (list the name of the mortgage company, the account number of the mortgage, the amount of the monthly mortgage payment, the approximate outstanding balance of the mortgage, and the address of the property secured by the mortgage):

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- (2) Other Secured Loans (list the name of the creditor, the account number for the loan, the amount of the monthly loan payment, the approximate outstanding balance of the loan, and any collateral securing the loan):

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- (3) Credit cards (list the name of the creditor, the amount of the minimum monthly payment, the approximate outstanding balance of the account, and the name of each cardholder on the account):

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- (4) Other (list the name of the creditor, the type of account, the amount of the monthly payment, and the approximate outstanding balance of the account):

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**VI. Information relating to the individual seeking to be named as Conservator and/or Guardian of the Incapacitated Person:**

- A. List the full name, address, telephone number, and Social Security number of the individual seeking to be named as Conservator/Guardian:

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- B. Indicate the relationship of the individual seeking to be named as Conservator and/or Guardian to the Incapacitated Person:

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- C. State whether the individual seeking to be named as Conservator and/or Guardian of the Incapacitated Person has any experience acting in that capacity and, if so, provide details regarding that experience:

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**VII. Miscellaneous:**

- A. Indicate whether there are Powers of Attorney in effect for the Incapacitated Person:

Durable Power of Attorney (for financial matters):      \_\_\_\_\_ Yes \_\_\_\_\_ No

Health Care Power of Attorney:      \_\_\_\_\_ Yes \_\_\_\_\_ No

***(Please provide copies of all Powers of Attorney currently in effect)***

- B. Indicate whether there is an Advance Directive in effect for the Incapacitated Person:

\_\_\_\_\_ Yes \_\_\_\_\_ No

***(Please provide copies of all Advance Directives currently in effect)***

- C. Indicate whether any Guardian or Committee or Conservator is currently acting on behalf of the Incapacitated Person, whether in this state or elsewhere:

\_\_\_\_\_ Yes \_\_\_\_\_ No

***(Please provide copies of any Orders which are currently in effect)***

- D. Does the individual seeking to be appointed as guardian and/or conservator have a good credit rating (required for bond):      \_\_\_\_\_ Yes \_\_\_\_\_ No

- E. Indicate whether anyone named in this form has a criminal record and, if so, provide details regarding that record:

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- F. Indicate whether anyone named in this form has filed for bankruptcy and, if so, provide details of that filing:

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