

LAW/ALTERNATIVES/PLLC
PO Box 50269
2404 Bank Drive. Suite 301
Boise, ID 83705
admin@lawalternativesidaho.com

WORKSHEET FOR APPOINTMENT OF GUARDIAN/CONSERVATOR

1. Information needed from Petitioner:

- A. Name of Petitioners: _____
- B. Address of Petitioner (include county): _____
- C. Telephone Number of Petitioner: _____
- D. Social Security Number of Petitioner: _____
- E. Relationship of Petitioner to incapacitated person: _____
- F. Name of incapacitated person or minor: _____
- G. Address/Residence of incapacitated person or minor: _____
- H. Telephone Number of incapacitated person or minor: _____
- I. Social Security Number of incapacitated person or minor: _____
- J. Date of birth/age of incapacitated or minor person: _____ years
- K. Name of Spouse of incapacitated person or parent of minor: _____
- L. Reason for incapacitation: _____
- M. Name/address of primary care physician or last physician to see incapacitated person:

- N. Medications taken by incapacitated person: _____

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Return completed checklist to:
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(208) 50269 (fax)
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O. Assets of incapacitated person:

- (1) Real property: _____

- (2) Stocks/bonds: (Company, Number of Shares) _____

- (3) Checking account no. & balance/Name of Bank: _____

- (4) Savings account no. & balance/Name of Bank: _____

- (5) Certificates of Deposits (amount/maturity date/Bank held at): _____

- (6) Vehicles (Make/Model/Year/Blue Book Value: _____

- (7) Furniture/personal belongings/antiques: _____
- (8) Mobile Homes/Manufactured Homes (Model/Value): _____

- (9) Grantor or Beneficiary of any Revocable or Irrevocable Trust? _____;
If so, please provide details on date of trust, name of grantor, and whether
Or not the incapacitated person is the beneficiary: _____

- (10) Social Security / per month: \$ _____
- (11) Pensions received each month: \$ _____
- (12) Dividends/Interest Income: \$ _____

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(13) Rental Income: \$_____

P. Is the incapacitated person a veteran? _____

Q. Names/addresses & telephone numbers of living relatives (spouse, siblings, children):

R. Please list all debts of the incapacitated person:

Creditor	Amount Due each Month	Balance Due
_____	_____	_____
_____	_____	_____

S. Please list the name, address, date of birth, and social security number of any person you suspect of inappropriately using the incapacitated person's monies, accounts, assets:

Name	Address	DOB	SSN
_____	_____	_____	_____
_____	_____	_____	_____

T. Does anyone hold a power of attorney for health care for the incapacitated person? If so, please state the name of the agent, and provide a copy of the power of attorney for health care.

The following information may be needed by the Court Visitor in preparing the report for Court. Please complete the following information with regard to the person who is proposed to act as Guardian and Conservator in this matter:

Please state whether the proposed Guardian and/or Conservator is employed _____
If so, please state the current place of employment: _____

Please describe any past experience of the proposed Guardian in taking care of an incapacitated person, or making arrangements for the proposed ward's medical care, clothing, housing arrangements :

Please describe any past experience of the proposed Conservator in taking care of the ward's finances, paying

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bills, making deposits, etc. If you have been assisting the ward in doing these activities, please indicate for how long you have been doing it. _____

Please state whether you, if you are seeking appointment as Guardian and/or Conservator, have been charged with and/or convicted with any crime, whether it a misdemeanor or felony, and indicate the nature of the charges and the disposition of the charges. _____

Please state whether you know of any other person who may contest this proceeding and his or relationship to the ward. _____

Please state the reason why you are seeking guardianship: _____

Please provide a time line of events leading up to you seeking guardianship, specifically including events such as hospitalizations of incapacitated person, when you noticed the person's inability to care for themselves and/or make decisions, when you noticed the inability to make financial decisions or protect assets. _____

Effective July 1, 2013, the Idaho Courts passed a law requiring all guardians and conservators to pass a background check as required by the Department of Health & Welfare. This process is found at <https://chu.dhw.idaho.gov/>. It will prompt you for a requesting employer number. Our firm's number is **7561**. There is a charge for this service which must be paid at the time you fill out the on-line application. The court will not approve the guardianship without this report. Therefore, it is essential you complete the background check as soon as possible. The court only recently started enforcing this requirement.

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ACTIVITY OF DAILY LIVING - ASSESSMENT

Legal incapacity involves an assessment of the alleged incapacitated person's ability to take care of his or her activities of daily living. Please check the items that apply to the alleged incapacitated person for whom you are seeking guardianship and/or conservatorship.

1. **Memory Loss.** Difficulty in remembering: _____ names
_____ recent events
_____ dates
_____ simple information
(i.e. to turn off stove)
_____ asking same question
over and over again
_____ forgets medications

2. **Disorientation to time, place** Difficulty in: _____ keeping appointments
Difficulty in: _____ finding way in familiar surroundings, roads, etc.
_____ does not know day
_____ does not know time
_____ does not know year

3. **Disorientation to person** _____ misidentification of loved ones

4. **Visual - spatial problems** _____ difficulty operating simple equipment (i.e., t.v. remote, finding knobs on radio, door, etc)
_____ difficulty finding the way around a new environment (i.e. room in hotel)

5. **Language deficits** _____ difficulty saying what One wishes to say; word-finding problems
_____ fails to initiate conversation
_____ difficulty following Instructions

6. **Calculation**

_____ difficulty handling
money, paying bills
_____ can't balance check-
book

7. **Poor judgment**

_____ inappropriate behavior
_____ sloppiness
_____ carelessness
_____ danger to self
_____ danger to others

8. **Confusion**

_____ misplaces objects and
accuses others of stealing

9. **Personality Change**

_____ paranoia
_____ anger
_____ depression
_____ acts differently

10. **Unpredictability**

_____ erratic
_____ impulsive

Case Information Sheet For Guardianships and Conservatorships

Case Number (Clerk fills in case #):

Exempt from Public Disclosure

Disclosure of this information is limited by Idaho Court Administrative Rule 32.

1. Type of case: Guardianship Conservatorship Both

2. Contact information for Person asking to become Guardian and/or Conservator

A. Proposed Guardian and/or Conservator

Full Legal Name: _____
First Middle Last

Any other names used: _____

Physical Address: _____
Street City State Zip

Work Address: _____
Street City State Zip

Phone numbers: _____
Home Work Cell

Social Security Number: _____ Date of Birth: _____ Sex: Male Female

Driver's License State & Number: _____

Email Address: _____

B. Second Proposed Guardian and/or Conservator, if any (if there is more than one person asking to become a guardian or conservator, provide that person's contact information below)

Full Legal Name: _____
First Middle Last

Any other names used: _____

Physical Address: _____
Street City State Zip

Work Address: _____
Street City State Zip

Phone numbers: _____
Home Work Cell

Social Security Number: _____ Date of Birth: _____ Sex: Male Female

Driver's License State & Number: _____

Email Address: _____

3. For the person who may need a guardian or conservator, list all other people living in the household (add additional pages if needed)

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

4. Information about the person who may need a guardian and/or conservator:

Full Legal Name: _____
First Middle Last

Any other names used: _____

Physical Address: _____
Street City State Zip

If address is a facility, name and contact number for the facility: _____

Work Address: _____
Street City State Zip

Phone numbers: _____
Home Work Cell

Social Security Number: _____ Date of Birth: _____ Sex: Male Female

Driver's License State & Number: _____ Email Address: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Are there any plans to move the person into a different home? Yes No

If yes, provide the information for the new home below:

Physical Address: _____
Street City State Zip

Phone number: _____

If address is a facility, name and contact number for the facility: _____

5. Other cases involving the person who may need a guardian or conservator named on this form (list any guardianship, conservatorship, or other cases filed in another state or county)

Case Number	Date of Order (or date requested)	County / State		Type of case
1.			<input type="checkbox"/> Guardianship <input type="checkbox"/> Both	<input type="checkbox"/> Conservatorship <input type="checkbox"/> Other _____
2.			<input type="checkbox"/> Guardianship <input type="checkbox"/> Both	<input type="checkbox"/> Conservatorship <input type="checkbox"/> Other _____
3.			<input type="checkbox"/> Guardianship <input type="checkbox"/> Both	<input type="checkbox"/> Conservatorship <input type="checkbox"/> Other _____