

**LAW/ALTERNATIVES/PLLC**  
2404 Bank Drive, Suite 301, Boise, ID 83705  
PO Box 50269  
Boise Idaho 83705  
(208) 917-1161  
[admin@lawalternativesidaho.com](mailto:admin@lawalternativesidaho.com)

**GUARDIANSHIP FOR DEVELOPMENTALLY DISABLED WORKSHEET**

1. Name, address, e-mail address, and telephone number of person(s) applying to act as guardian/conservator: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Relationship of prospective guardian(s) to developmentally disabled person: \_\_\_\_\_  
\_\_\_\_\_
3. Name of developmentally disabled person: \_\_\_\_\_
4. Where is developmentally disabled person living? (include county): \_\_\_\_\_  
\_\_\_\_\_
5. If living in a care facility, ICFMR, or other residence, please provide name, address, and county of facility: \_\_\_\_\_  
\_\_\_\_\_
6. Date of birth/age of developmentally disabled person: \_\_\_\_\_ age: \_\_\_\_\_
7. Description of disability/impairments showing the developmental disability, the ability to receive, evaluate and communicate information, and ability to manage financial resources and meet essential requirements for physical health or safety: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Return completed checklist to: Law/Alternatives/PLLC  
2404 Bank Drive, Suite 301, Boise, ID 83705  
PO Box 50269, Boise, ID 83705  
Fax: (208) 576-6099  
E-mail: [admin@lawalternativesidaho.com](mailto:admin@lawalternativesidaho.com)

8. Please provide copies of the following documents at the time of the appointment:

- A. SIB R
- B. Psychological Evaluation for purposes of documenting IQ of disabled person
- C. Medical-Physical Examination / Social Evaluation as documented by medical records dated within the past twelve (12) months.

These documents will be required by the Evaluation Committee at the Department of Health & Welfare for purposes of the completion of the Evaluation Committee's Report as required by the Idaho statutes governing guardianships of developmentally disabled person. If you are able to provide those at the time of your appointment, we can provide copies of the documents to the Evaluation Committee which will allow the guardianship process to proceed in the most efficient manner. If you do not have some or all of these documents, the Department of Health & Welfare can provide the names of agencies which can administer such evaluations and prepare the required report.

9. Describe age of onset of the disability: \_\_\_\_\_

10. State the nature and scope of guardianship and/or conservatorship sought: \_\_\_\_\_

11. List the names, addresses and telephone numbers of all parents, siblings and children of the developmentally disabled person: **Please note**, personal service must be made upon all interested parties, including a parent who is not seeking to be appointed as a guardian. If the parent is deceased, please note.

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Siblings: \_\_\_\_\_

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

12. Describe the developmentally disabled person's financial condition, list all assets, income and ability to pay for costs of judicial proceedings:

a. SSI/per month: \_\_\_ yes \_\_\_ no If yes, how much \$ \_\_\_\_\_

b. Social Security/per month: \_\_\_ yes \_\_\_ no If yes, how much \$ \_\_\_\_\_

c. Medicare: \_\_\_ yes \_\_\_ no If yes, how much \$ \_\_\_\_\_

d. Medicaid benefits applied for or received? \_\_\_ yes \_\_\_ no

e. Does the developmentally disabled person have health insurance? \_\_\_ yes \_\_\_ no

f. Is the developmentally disabled person the beneficiary of a trust? \_\_\_ yes \_\_\_ no

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If your answer is "yes," what is the balance of the trust: \$ \_\_\_\_\_

If your answer is "yes," please attach a copy of the trust, is available.

**g.** Does the developmentally disabled person have a savings account balance: \_\_\_\_ yes \_\_\_\_ no

If yes, how much \$ \_\_\_\_\_

Name of bank: \_\_\_\_\_

**h.** Does the developmentally disabled person have a savings account balance: \_\_\_\_ yes \_\_\_\_ no

If yes, how much \$ \_\_\_\_\_

Name of bank: \_\_\_\_\_

**i.** Does the developmentally disabled person own real estate? \_\_\_\_ yes \_\_\_\_ no

If your answer is "yes," what is the location/value: \_\_\_\_\_

\_\_\_\_\_

**13.** 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 was a misdemeanor or felony, and indicate the nature of the charges and the disposition of the charges.

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

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

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

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