



STINSON LASSWELL & WILSON

ATTORNEYS AT LAW

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GUARDIANSHIP & CONSERVATORSHIP QUESTIONNAIRE

Guardian and/or Conservator

Full Legal Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Birth Date (mm/dd/yy): _____ Social Security Number: _____

Current Employer: _____

Employer Address: _____

Employer City, State, Zip: _____

Relationship to Ward: _____

Under contract with Kansas Guardianship Program? Yes No

Is the Guardian and/or Conservator able to act independently or only in concert with Co-Guardian and/or Co-Conservator?

(Please specify if guardian to act only in concert with regard to specific matters.)

Co-Guardian and/or Co-Conservator

Full Legal Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Birth Date (mm/dd/yy): _____ Social Security Number: _____
 Current Employer: _____
 Employer Address: _____
 Employer City, State, Zip: _____
 Relationship to Ward: _____
 Under contract with Kansas Guardianship Program? Yes No

Standby Guardian and/or Standby Conservator

Full Legal Name: _____
 Address: _____
 City, State, Zip: _____
 Cell Phone: _____ Work Phone: _____
 Email Address: _____
 Birth Date (mm/dd/yy): _____ Social Security Number: _____
 Current Employer: _____
 Employer Address: _____
 Employer City, State, Zip: _____
 Relationship to Ward: _____
 Under contract with Kansas Guardianship Program? Yes No

Proposed Ward

Full Legal Name: _____
 Permanent Address: _____
 Current Address, if different: _____
 Birth Date (mm/dd/yy): _____ Social Security Number: _____
 Relationship to Ward: _____

Addresses where proposed Ward has resided during the past (5) years:

Address Include Address, City & State	Dates of Residence

List the name(s) and current address(es) of persons with whom the proposed Ward lived with at each of the listed above locations.

Name(s)	Current Address(es)

List the name(s), address(es) and phone number(s) of any person or agency who has, at any time, had custody or assumed responsibility for the proposed Ward. For each person or agency listed, please provide the circumstances under which the proposed Ward came into their custody, case, or control.

Name(s)	Address(es)	Phone Number(s)	Circumstances

List the names, relationship and addresses of any spouse, parents, grandparents, adult siblings, adult children, and/or adult grandchildren of the proposed Ward.

Name(s)	Relationship	Current Address(es)

If the proposed Ward has none of the above relations, please provide the name, relationship, and address of the proposed Ward's nearest living relative(s), if known.

Name(s)	Relationship	Current Address(es)

If any person or corporation has been appointed or nominated to act on behalf of the proposed Ward pursuant to a Power of Attorney, Trust or other fiduciary relationship, please provide their name, address and nature of their authority or relationship.

Name(s)	Nature of Authority or Relationship	Current Address(es)

List all Court proceedings, whether past, present or contemplated, in which the proposed Ward is a party, is the subject of, or is or may be a beneficiary of. If known, include the county and state of the proceedings, the case number, the attorney representing the proposed Ward, the parties to the case, and a short description of the nature of the case.

Description of Proceedings	Case Number	County & State of Action	Attorney Representing Proposed Ward	Parties Involved in Proceedings

List the type, location and value of any real property of the proposed Ward.

Property Type	Location (Include Street address, legal description, county, and state)	Ownership Type (Sole owner, tenant in common, JTWRROS)	Value

List any sources of income of the proposed Ward.

Income Source	Frequency of Payment <i>(weekly, monthly, annually, etc.)</i>	Amount per Period

Provide the names and addresses of any witnesses who can testify as to the proposed Ward's need to have a guardian appointed. If the proposed Ward is an adult with an impairment or disability, include at least one (1) healthcare professional who can testify to the nature and extent of the impairment or disability.

Name(s)	Current Address(es)

Give a brief summary of the proposed Ward's situation and state why it is in their best interest to have a Guardian appointed. Include any other important information. Attach another page, if necessary. _____
