

LAYCOE & BOGDON PC

1112 Daniels Street, Suite 100
Vancouver, WA 98660
(360) 693-1630

Guardianship Intake Form

BASIC INFORMATION	
1. YOUR INFORMATION	2. ALLEGED INCAPACITATED PERSON
Full Legal Name:	Full Legal Name:
Street Address: City, State and Zip:	Street Address: City, State and Zip:
Date of Birth: Age:	Date of Birth: Age:
Place of Birth: County: State: City:	Place of Birth: County: State: City:
Social Security Number:	Social Security Number:
Home Phone:	Home Phone:
Cell Phone:	Custodian/Caretaker:
Fax Number:	
Email Address:	
Work Phone:	Your relationship to this person:

3. Background of relationship with the alleged incapacitated person:

Representation Not Guaranteed: An initial consultation with the law firm of Laycoe & Bogdon PC does not guarantee that the law firm will accept your case or represent you in your legal matter. If the law firm agrees to represent you, the agreement will be pursuant to a written fee agreement or confirmed by an engagement letter

4. Please list other significant persons (family or other) to the alleged incapacitated person including persons who have a significant relationship with him or her and who are interested in the welfare of the alleged incapacitated person:

Name	Relationship to Alleged Incapacitated Person

5. Your Employment Information

Employer:	
Address:	
Phone Number:	
Position:	
Rate of Pay:	
Length of Employment:	

6. Do you have a criminal record? If so, please describe.

--

7. What is your plan for providing for the alleged incapacitated person as their guardian including what you see as your duties in terms of residential care and financial management:

--

8. What is your plan for the care/living arrangements of the alleged incapacitated person?

--

9. Please list any health care providers that you are aware of who have examined or treated the alleged incapacitated person within the last 12 months.

Name of Health Care Provider:

1.

2.

3.

10. To your knowledge has the alleged incapacitated person executed any powers of attorney or created any trusts?

11. Please list the income and property of the alleged incapacitated person.

INCOME	
Source	Monthly Amount
PROPERTY (include insurance, retirement, union benefits, etc.)	
Item	Approximate Value

Date

Signature