



## Guardianship Questionnaire

### Guardian

Full Legal Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_  
 Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Relationship to Ward: \_\_\_\_\_  
 Under contract with Kansas Guardianship Program (Yes/No) \_\_\_\_\_  
 Able to act independently or only in concert with Co-Guardian *(you can specify to act only in concert with regard to specific matters):*

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### Co-Guardian

Full Legal Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_  
 Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Relationship to Ward: \_\_\_\_\_  
 Under contract with Kansas Guardianship Program (Yes/No) \_\_\_\_\_  
 Able to act independently or only in concert with Co-Guardian *(you can specify to act only in concert with regard to specific matters):*

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### Standby Guardian

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship to Ward: \_\_\_\_\_

Under contract with Kansas Guardianship Program (Yes/No) \_\_\_\_\_

Able to act independently or only in concert with Co-Guardian *(you can specify to act only in concert with regard to specific matters):*

**Proposed Ward**

Full Legal Name: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 Current Address (if different): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

Relationship to Ward: \_\_\_\_\_

Addresses where proposed Ward has resided during the past five years:

Address (Please 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 locations listed above:

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	Address(es)

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Penner Lowe Law Group, LLC  
245 N. Waco Street, Suite 125  
Wichita, KS 67202  
Telephone (316) 847-8847 Facsimile (316) 847-8853

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	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 the nature of their authority or relationship:

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

List any and 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 proceeding, 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 Filed	Attorney Representing Proposed Ward	Parties Involved in the Proceedings

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

Property Type	Location	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 health care professional who can testify to the nature and extent of the impairment or disability:

Name(s)	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:

Other important information: