



**LAW AT LAST, INC.**

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**QUESTIONNAIRE FOR GUARDIANSHIP OF PERSONS  
ALLEGED TO BE UNDER A LEGAL DISABILITY**

**A. INFORMATION ABOUT THE ALLEGED INCAPACITATED PERSON:**

1. Full Name \_\_\_\_\_
2. Age \_\_\_\_\_ 3. Date of Birth \_\_\_\_\_
4. Current Address \_\_\_\_\_
5. County of Residence \_\_\_\_\_
6. Social Security Number \_\_\_\_\_
7. Race \_\_\_\_\_ 8. Gender \_\_\_\_\_
9. Driver's License/State Identification Card No. \_\_\_\_\_
10. Health Insurance Company/Policy No. \_\_\_\_\_
11. Is Person on Medicare? \_\_\_\_\_ Medicaid \_\_\_\_\_
12. What is the Person's Disability? \_\_\_\_\_  
\_\_\_\_\_
13. Is this person being abused personally or financially? \_\_\_\_\_
14. Does this person own his/her home? \_\_\_\_\_ Yes \_\_\_\_\_ No
15. If yes, please provide the address and PIN of the property. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. If person owns additional Real Estate, please list the complete address of such property, the associated PIN(s), the property's value and how title for each property held. Also indicate if property is paid in full, has a mortgage or if it is rental property & if such is currently being rented:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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17. What are the sources, amounts & frequency of the alleged disabled person's income?

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18. Does the Alleged Disabled Person have a Safety Deposit Box?  Yes  No

19. If yes, where is it located and who has authority to access it? \_\_\_\_\_

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20. If the alleged disabled person owns Stocks, and/or Bonds, Please list them below:

Name of Company: \_\_\_\_\_

Type of Security Held: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Certificate to support ownership: \_\_\_\_\_

Present Value: \_\_\_\_\_

TOD Listed: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Type of Security Held: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Certificate to support ownership: \_\_\_\_\_

Present Value: \_\_\_\_\_

TOD Listed: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Type of Security Held: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Certificate to support ownership: \_\_\_\_\_

Present Value: \_\_\_\_\_

TOD Listed: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Type of Security Held: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Certificate to support ownership: \_\_\_\_\_

Present Value: \_\_\_\_\_

TOD Listed: \_\_\_\_\_

21. If the alleged disabled person holds CDs, Money Market or Bank Accounts, please list them below:

Name of Bank: \_\_\_\_\_

Type of Account & Account Number: \_\_\_\_\_

Present Value: \_\_\_\_\_

How Titled: \_\_\_\_\_

POD Listed: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Type of Account & Account Number: \_\_\_\_\_

Present Value: \_\_\_\_\_

How Titled: \_\_\_\_\_

POD Listed: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Type of Account & Account Number: \_\_\_\_\_

Present Value: \_\_\_\_\_

How Titled: \_\_\_\_\_

POD Listed: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Type of Account & Account Number: \_\_\_\_\_

Present Value: \_\_\_\_\_

How Titled: \_\_\_\_\_

POD Listed: \_\_\_\_\_

22. If the alleged disabled person owns Government Savings Bonds (E, EE & H), please list them below:

Type of Bond: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Bond: \_\_\_\_\_

Present Value: \_\_\_\_\_

Maturity Date: \_\_\_\_\_

Type of Bond: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Bond: \_\_\_\_\_

Present Value: \_\_\_\_\_

Maturity Date: \_\_\_\_\_

Type of Bond: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Bond: \_\_\_\_\_

Present Value: \_\_\_\_\_

Maturity Date: \_\_\_\_\_

Type of Bond: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Bond: \_\_\_\_\_

Present Value: \_\_\_\_\_

Maturity Date: \_\_\_\_\_

Type of Bond: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Bond: \_\_\_\_\_

Present Value: \_\_\_\_\_

Maturity Date: \_\_\_\_\_

23. If there is currently life insurance in place on the alleged person's life, please list below:

Name, Address & Telephone Number of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Present Value: \_\_\_\_\_

Named Beneficiaries: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

24. If the alleged disable person has any Annuities, please list below:

Name of Company: \_\_\_\_\_

Policy Number & Present Value: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Named Beneficiary: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Policy Number & Present Value: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Named Beneficiary: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Policy Number & Present Value: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Named Beneficiary: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Policy Number & Present Value: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Named Beneficiary: \_\_\_\_\_

25. If the alleged disable person owns vehicles, please list below:

Model: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Title: \_\_\_\_\_

Present Blue Book Value: \_\_\_\_\_

Current Location & Possession of Car: \_\_\_\_\_

Model: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Title: \_\_\_\_\_

Present Blue Book Value: \_\_\_\_\_

Current Location & Possession of Car: \_\_\_\_\_

Model: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

How Titled: \_\_\_\_\_

Location of Title: \_\_\_\_\_

Present Blue Book Value: \_\_\_\_\_

Current Location & Possession of Car: \_\_\_\_\_

16. Please provide the Name, Address and Phone Number of the alleged disable person's Attending or Family Physician if known. \_\_\_\_\_

17. Names, Addresses and Telephone Numbers of persons known to you who have personally observed the alleged disable person and from such observation believe the individual to be incapacitated and in need of a guardian.

18. Names, Addresses and Relationships of all known next of kin of the alleged disabled person. Please indicate if any are Minors.

**22. Please supply this firm with copies of the following documents of the alleged disabled person:**

- Existing Powers of Attorney and/or Living Will and/or Health Care Surrogate

- Existing Last Will & Testament
- Vehicle Titles
- Real Estate Deeds
- Last 3 Months of Bank Statements
- List of monthly Bills & known Creditors

**B. INFORMATION ABOUT THE PROPOSED GUARDIAN**

1. Full Name \_\_\_\_\_

2. Age \_\_\_\_\_ 3. DOB \_\_\_\_\_ 4. SSN \_\_\_\_\_

5. Home Address \_\_\_\_\_  
\_\_\_\_\_

6. Home Telephone Number \_\_\_\_\_ 7. County of Residence \_\_\_\_\_

8. Email \_\_\_\_\_ 9. U.S. Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Are you Employed \_\_\_\_\_ Yes \_\_\_\_\_ No

11. If Yes, Title/Type/Nature of Position Held \_\_\_\_\_

12. Place of Employment \_\_\_\_\_  
Address of Employment \_\_\_\_\_  
Employer's Telephone Number \_\_\_\_\_

13. Are you married? \_\_\_\_\_ Yes \_\_\_\_\_ No

14. Name of Spouse \_\_\_\_\_

15. Have you formerly or are you currently serving as a Guardian for anyone \_\_\_\_\_

16. If yes, please list the name(s) of ward, court file number, circuit court in which guardianship is being or was adjudicated and whether you served a limited or plenary role.  
\_\_\_\_\_  
\_\_\_\_\_

17. If yes to Number 15, have you ever been removed as guardian or held in contempt of court? \_\_\_\_\_ Yes \_\_\_\_\_ No

18. If yes, please give approximate date and complete details. \_\_\_\_\_  
\_\_\_\_\_

19. Do you have any physical disabilities or Mobility Limitations? If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

20. Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

21. If yes, please give date(s) and complete details. \_\_\_\_\_

\_\_\_\_\_

22. Have you ever been the convicted of a felony involving harm or threat to an elderly or disabled person, including a felony sexual offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

23. If yes, please give date and complete details. \_\_\_\_\_

\_\_\_\_\_

24. Have you ever filed for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

25. If yes, please provide date and complete details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF INDIVIDUAL COMPLETING THIS QUESTIONNAIRE

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL COMPLETING THIS QUESTIONNAIRE