

CYNTHIA L. BARRETT

**760 Crown Plaza
1500 SW First Avenue
Portland, Oregon 97201
(503) 294-0080
Fax: (503) 294-0745**

GUARDIANSHIP/CONSERVATORSHIP CLIENT INTERVIEW SHEET

- 1. Name of person to be protected _____
- 2. Where is that person located now? _____
If in hospital/care center, when admitted? _____
- 3. Ill Person's
 Birthday: _____ Age: _____
 Soc. Sec.: _____
 Address: _____

- 4. Persons Important in the Life of the Ill Person
Name, address, telephone:
Spouse/Partner: _____
Adult Children: _____

Closest Relative Other than those above: _____ (for notice)
Persons residing with Ill Person: _____
Persons depending on Ill Person for Support: _____

- 5. Persons familiar with this situation (name, telephone) _____
- 6. Is an emergency temporary guardian order necessary? YES NO

What immediate harm will come to the ill person without a court appointment of someone to act as temporary guardian?

- 7. Is any doctor or advisor recommending the ill person be placed **for treatment outside the home**?
YES NO
If so, WHY? _____

- 8. Name and address of the proposed guardian/conservator:
Name: _____
Address: _____

Telephone: _____

Home: _____

Work: _____

Is the proposed guardian being paid to provide services to the ill person? YES NO

9. Please describe the problems of the ill person: _____

10. Is there a treating doctor?

Name: _____

Address: _____

Telephone: _____

11. Is there a health care representative or agent? YES NO

If so, please provide a copy to the lawyer.

Note: If the ill person's medical problems have triggered the document, then the authorized representative or agent should request medical chart notes and/or a letter supporting the guardianship or conservatorship.

12. Is there a financial agent under power of attorney or trustee managing the ill person's financial affairs? YES NO

If so, please provide a copy to the lawyer.

13. Will a home need to be sold to pay for care costs? YES NO

14. Is the financial manager having any trouble? YES NO

Please describe: _____

15. Does the ill person have a will? YES NO

If so, please provide a copy to the lawyer.

16. Describe the income and assets of the ill person (briefly)

Income: _____

Assets: _____

17. Should there be any limits on the authority of a guardian or conservator? YES NO

If so, what limits are appropriate? _____

18. Is the ill person receiving funds payable by the Veterans Administration or the Oregon Department of Human Resources or any other federal/state program? YES NO

If so, describe: _____

19. Does the proposed guardian or conservator owe any money to, or receive funds regularly from, the ill person? YES NO

If so, please describe: _____

20. Are any assets held jointly by the ill person and others? YES NO
If so, discuss with lawyer.
21. If the proposed guardian or conservator has any of the following problems, discuss with the lawyer:
____ conviction of a crime
____ prior bankruptcy
____ revocation of an occupational or professional license
22. Describe the ill person's place of residence and of programs, activities, or services in which he/she is involved. _____

23. Brief description of the ill person's physical condition: _____

24. Brief description of the ill person's mental condition: _____

25. Brief description of contacts made with the ill person during the past year:

PLEASE RETURN THIS DOCUMENT TO THE ATTORNEY. THANK YOU.

© Cynthia L. Barrett 2004 - No reproduction without consent of author