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## GUARDIANSHIP QUESTIONNAIRE

Please provide copies of:

1. Current IEP
2. Most Recent Psychological Evaluation
3. Other Recent Evaluations (i.e. Educational, Speech/Language, Psychiatric, Medical)

### A. Personal Information regarding person in need of guardianship:

Full Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Is Child registered with DDD: Yes  No

Is Child Eligible for Social Security Income (SSI): Yes  No

Have you applied for SSI: Yes  No

Is Child adopted: Yes  No

Current Place of Residence: \_\_\_\_\_ Home \_\_\_\_\_ Residential \_\_\_\_\_ School \_\_\_\_\_

If Child is Residentially Placed: Yes  No

Facility Name: \_\_\_\_\_

Case Managers Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Phone No: \_\_\_\_-\_\_\_\_-\_\_\_\_

Facility E-mail: \_\_\_\_\_

Facility Fax No: \_\_\_\_\_

Has your child ever been institutionalized

a. Where: \_\_\_\_\_

b. When: \_\_\_\_\_

#### **MAIN OFFICE**

1249 S. River Road, Suite 104  
Cranbury, NJ 08512  
(609) 409-3500 (P); (609) 409-3505 (F)  
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Revmont Park  
1161 Broad Street, Suite 215  
Shrewsbury, NJ 07702  
(732) 483-6300 (P); (F) 732-676-7636

140 E. Ridgewood Avenue  
Suite 415, South Tower  
Paramus, NJ 07652

**B. Financial Information regarding person in need of guardianship:**

Amount of monthly SSI received, if eligible for SSI: \$ \_\_\_\_\_

Property:	Value:

Do you have a Special Needs Trust? Yes      No

Do you have a will? Yes      No

Bank Name and Money on Deposit, if any:

Bank:	Amount on Deposit:

**C. Proposed Guardian(s)**

**Proposed Guardian #1**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Business Phone No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Day of Birthday: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Relationship to Person in Need of Guardianship: \_\_\_\_\_

**Proposed Guardian #2**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Business Phone No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Day of Birthday: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Relationship to Person in Need of Guardianship: \_\_\_\_\_

**D. Siblings of Person in Need of Guardianship:**

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Name				
D.O.B.	___/___/___	___/___/___	___/___/___	___/___/___
Address				
Gender				

**E. Support for Guardianship**

**Name of Medical Doctor who will Support Guardianship:**

\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Day of Birthday: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Relationship to Person in Need of Guardianship: \_\_\_\_\_

**Name of Second Medical Doctor who will Support Guardianship:**

\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Who Referred you: \_\_\_\_\_

**Submit Form**