SGW Sussan | Greenwald & Wesler
YOUR LAW FIRM *for* LIFE

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 to person in need of guardianship:

Full Legal Name of person in need of guardianship: _____

Date of Birth: _____/ _____ /_____ Gender: _____

Social Security Number of person in need of guardianship: _____

Height: _____ Weight:_____ Hair Color: _____ Eye Color: _____

Does the person in need of guardianship require full or limited guardianship?:

Full ○ Limited ○

If limited, in what areas can they manage their own affairs?:

What is the diagnosis of the person in need of guardianship?:

_____

Is the person in need of guardianship registered with DDD? Yes ○ No ○

Is the person in need of guardianship eligible for Social Security Income (SSI):

Yes ○ No ○

Has the person in need of guardianship applied for SSI? Yes ○ No ○

Is the person in need of guardianship adopted? Yes ○ No ○

Current place of residence? Home ○ Residential ○ School ○

If the person in need of guardianship is residentially placed:

Facility Name:_____

Case Managers Name: _____

Street Address: _____

City:_____ State:_____ Zip: _____

MAIN OFFICE
1249 S. River Road, Suite 104
Cranbury, NJ 08512
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Shrewsbury, NJ 07702
(732) 483-6300 (P); (F) 732-676-7636

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

Facility Phone No: _____ - _____-_____

Facility E-Mail:_____

Facility Fax No: _____

Has the person in need of guardianship ever been institutionalized?: Yes ◯ No ◯

If so, Where?: _____ When?: _____

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

Does the person in need of guardianship have financial or healthcare powers of attorney?: Yes ◯ No ◯

C. Proposed Guardian(s)

Proposed Guardian #1

Full Legal Name: _____

Street Address: _____

City:_____ State: _____

Country: _____ Zip: _____

Home Phone No:_____ Business Phone No: _____
E-Mail Address: _____ Fax: _____
Date of Birth: ____ - _____-_____ Social Security No: _____
Relationship to person in need of guardianship:_____

Proposed Guardian #2
Full Legal Name: _____
Street Address: _____
City:_____ State: _____
Country: _____ Zip: _____
Home Phone No:_____ Business Phone No: _____
E-Mail Address: _____ Fax: _____
Date of Birth: ____ - _____-_____ Social Security No: _____
Relationship to person in need of guardianship:_____

D. Siblings of Person in Need of Guardianship:

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Full Legal Name				
D.O.B.	____/____/_____	____/____/_____	____/____/_____	____/____/_____
Full Mailing Address				
Gender				

E. Children of Person in Need of Guardianship:

	Child 1	Child 2	Child 3	Child 4
Full Legal Name				
D.O.B.	____/____/_____	____/____/_____	____/____/_____	____/____/_____
Full Mailing Address				
Gender				

F. Support for Guardianship:

Is person in need of guardianship married? Yes ○ No ○

Acknowledgment

I understand that in order to proceed with the guardianship I must provide two physician certifications, or a certification by one physician and one DDD case worker familiar with the person in need of guardianship. (Only if the person is receiving services from DDD). I understand that SGW is required to file these certifications within a specific time frame after they are completed.

☐ Yes I Understand

G. How did you hear about us?:

_____