



FERNANDEZ
ELDER LAW LLC

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Date: _____

GUARDIANSHIP/CONSERVATORSHIP QUESTIONNAIRE
CONFIDENTIAL INFORMATION

Instructions | Please print clearly

Please complete this form to the best of your ability so we may provide the most informative consultation. Print additional pages if needed.

If someone other than the person seeking services is completing this form, please provide:

Name: _____

Relationship to the person needing guardianship: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____



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**INFORMATION
ABOUT THE
PERSON
NEEDING
SERVICES**

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____ Marital Status: _____

Employer: _____ Retirement Date: _____

Employer Address: _____

City, State, Zip: _____

**FAMILY
INFORMATION**

Spouse

If deceased, only
name and date of
death are needed

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

Employer: _____



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Parents

If deceased, only name and date of death are needed

Mother's Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____

Father's Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____

**FAMILY
INFORMATION**

Siblings

If deceased, only name and date of death are needed

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____



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**FAMILY
INFORMATION**

Siblings

If deceased, only
name and date of
death are needed

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____



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**FAMILY
INFORMATION**

Children

If deceased, only
name and date of
death are needed

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

Check all that apply: Biological Adopted Foster Married Dependent

Needs Special Care If so, please explain: _____

If deceased, date of death: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

Check all that apply: Biological Adopted Foster Married Dependent

Needs Special Care If so, please explain: _____

If deceased, date of death: _____



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**FAMILY
INFORMATION**

Children

If deceased, only
name and date of
death are needed

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

Check all that apply: Biological Adopted Foster Married Dependent

Needs Special Care If so, please explain: _____

If deceased, date of death: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

Check all that apply: Biological Adopted Foster Married Dependent

Needs Special Care If so, please explain: _____

If deceased, date of death: _____



**FAMILY
INFORMATION**

Is anyone, other than the person's spouse, dependent upon him/her for support? If so, please provide the name(s) and some general information regarding the reason for, and extent of support needed:

REAL ESTATE

Home Address: _____

Name(s) on Deed: _____

Date of Purchase: _____ Purchase Price: \$ _____

Mortgage Balance: \$ _____ Market Value: \$ _____

Beneficiary Deed: _____

Other Real Estate Address: _____

Name(s) on Deed: _____

Date of Purchase: _____ Purchase Price: \$ _____

Mortgage Balance: \$ _____ Market Value: \$ _____

Beneficiary Deed: _____

VEHICLES

Make/Year: _____

Name(s) on title: _____

Loan Balance: \$ _____ Market Value: \$ _____

Make/Year: _____

Name(s) on title: _____

Loan Balance: \$ _____ Market Value: \$ _____



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**ACCOUNTS &
INVESTMENTS**

Checking

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Average Balance: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Average Balance: \$ _____

Savings

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Average Balance: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Average Balance: \$ _____

Other

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____



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**ACCOUNTS &
INVESTMENTS**

Other

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____



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**PREPAID
FUNERAL**

Funeral Home: _____

Is this plan irrevocable? Yes No

**OTHER
ASSETS**

Description: _____ Value: \$ _____

Description: _____ Value: \$ _____

Is the Party the beneficiary of any Trust? Yes No

If yes, please attach a photocopy of a signed version, if available or provide any details you can regarding the terms and conditions, identity of the current trustee, amount of principal, etc.

INSURANCE

Company: _____ Policy # (last four digits only): _____ Whole Term

Life

Policy Owner: _____ Insured: _____

Beneficiary: _____ Contingent Beneficiary: _____

Face Value: \$ _____ Cash Surrender Value: \$ _____

**Supplemental
Include
Long-Term
Care Policies**

Company: _____ Policy # (last four digits only): _____

Policy Owner: _____ Beneficiary: _____

Value: \$ _____ Duration: _____



**MONTHLY
INCOME**

Please provide information if the person, person's parents, person's spouse, or person's children are receiving the following. If other family member(s) in the household receive any benefits, provide the name of the recipient.

Employment: _____ \$ _____/month

Social Security Retirement: _____ \$ _____/month

Social Security Disability: _____ \$ _____/month

Supplemental Security Income: _____ \$ _____/month

Veteran's Benefits: _____ \$ _____/month

Private Pension: _____ \$ _____/month

Annuity: _____ \$ _____/month

Other Income: _____ \$ _____/month

Does any family member(s) currently live in the home? Yes No

If so, does the person provide financial support to that family member(s)? Yes No



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**MONTHLY
EXPENSES**

Rent: _____ \$ _____ /month

Mortgage: _____ \$ _____ /month

Real estate taxes: _____ \$ _____ /month

Homeowners/renters insurance: _____ \$ _____ /month

Utilities (water, sewer, gas, telephone, and trash): _____ \$ _____ /month

Other household expenses: _____ \$ _____ /month

Debts (other than housing or vehicles): _____ \$ _____ /month

_____ \$ _____ /month

_____ \$ _____ /month

Medical insurance: _____ \$ _____ /month

Prescription medications: _____ \$ _____ /month

Other medical expenses: _____ \$ _____ /month

Miscellaneous Expenses: _____ \$ _____ /month

Miscellaneous Expenses: _____ \$ _____ /month

Miscellaneous Expenses: _____ \$ _____ /month