



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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**GUARDIANSHIP/CONSERVATORSHIP
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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: _____



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**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: \$ _____



**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

Life

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

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: _____



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**GUARDIANSHIP/CONSERVATORSHIP
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**MONTHLY
INCOME**

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