



ENGEL
LAW OFFICE

*The Kensington, Suite J
157 West Third Street
Winona, Minnesota 55987
Phone: (507) 453-3646
Fax: (507) 457-0519*

**MINNESOTA
GUARDIANSHIP/CONSERVATORSHIP
QUESTIONNAIRE**

READ THE FOLLOWING CAREFULLY: Please fill out this form as completely as possible. The more time and attention that you put into the completion of this form, the less time we will need to spend in obtaining such data for you and from you. This effort on your part could result in a substantial reduction in the fees charged for professional services. If a question does not apply to your situation, answer "N/A" (not applicable). If a question applies to your situation but you do not know the answer, please write "unknown." If you need additional space for an answer, you may use the back of a page. **ALL INFORMATION YOU PROVIDE ON THIS FORM IS STRICTLY CONFIDENTIAL AND PROTECTED BY THE ATTORNEY/CLIENT PRIVILEGE.**

Date: _____ Referred by: _____

YOUR PERSONAL INFORMATION

Your full name: _____

Previous names you have used: _____

Street address: _____

City: _____ State : _____ Zip: _____ County: _____

Address to which mail should be sent: _____

Home phone:(_____) _____ Work phone:(_____) _____ ext. _____

Cell/pager: (_____) _____ E-mail: _____

Method of contact: I prefer that you contact me at home/work/cell/e-mail (circle one). You may contact me at home work cell e-mail (check all that apply). **DO NOT CONTACT ME** at home work cell e-mail (check all that apply).

Birthplace: _____ Birthdate: _____
(city county state)

SSN: _____ Length of residence in MN: _____

Emergency contact: In the event that you must be reached by this office on short notice, give the name, address, telephone number and relationship of the person most likely to know where you are at ALL times.:

Name: _____ Address: _____

Phone number(s): _____ Relationship: _____

INFORMATION REGARDING GUARDIANSHIP/CONSERVATORSHIP

1. **PETITIONER'S INFORMATION:** (person requesting the guardianship/conservatorship)

Full Name: _____
Street address: _____
City: _____ State : _____ Zip: _____ County: _____
Home phone:(_____) _____ Work phone:(_____) _____ ext. _____
Cell/pager: (_____) _____ E-mail: _____
Relationship to Ward/Protected Person: _____

2. **PROPOSED WARD/PROTECTED PERSON:**

Full Name: _____
Street address: _____
City: _____ State : _____ Zip: _____ County: _____
Home phone:(_____) _____ Work phone:(_____) _____ ext. _____
Cell/pager: (_____) _____ Date of Birth: _____ Age: _____

Will proposed Ward/Protected Person be moved to a different residence if the petition is granted? _____ No _____ Yes If so, where? _____

3. **PROPOSED GUARDIAN:** Check here if you are not requesting a guardian

Full Name: _____
Street address: _____
City: _____ State : _____ Zip: _____ County: _____
Home phone:(_____) _____ Work phone:(_____) _____ ext. _____
Cell/pager: (_____) _____ E-mail: _____
Relationship to Ward/Protected Person: _____ Age: _____

How was proposed guardian selected? _____

What powers should proposed guardian have?

Have custody of the Ward and establish the place of abode for the Ward within or without the State, M.S. § 524.5-313 (c)(1);

Provide for the Ward's care, comfort and maintenance needs, M.S. § 524.5-313 (c)(2);

Take reasonable care of the Ward's clothing, furniture, vehicles and other personal effects, M.S. § 524.5-313 (c)(3);

Give any necessary consent to enable, or to withhold consent for, the Ward to receive necessary medical or other professional care, counsel, treatment or service, M.S. § 524.5-313 (c)(4);

Approve or withhold approval of any contract, except for necessities, which the Ward may make or wish to make (*only given if no conservator is appointed*), M.S. § 524.5-313 (c)(5);

Exercise supervision authority over the Ward, M.S. § 524.5-313 (c)(6);

Apply on behalf of the Ward for any assistance, services, or benefits available to the Ward through any unit of government, M.S. § 524.5-313 (c)(7);

(other) _____

_____.
and all other powers, duties and responsibilities conferred on the Guardian under applicable law.

4. **PROPOSED CONSERVATOR:** Check here if you are not requesting a conservator

Check here if the proposed conservator is the same as the proposed guardian

Full Name: _____

Street address: _____

City: _____ State : _____ Zip: _____ County: _____

Home phone:(_____) _____ Work phone:(_____) _____ ext. _____

Cell/pager: (_____) _____ E-mail: _____

Relationship to Ward/Protected Person: _____ Age: _____

How was proposed conservator selected? _____

What powers should proposed conservator have?

Pay reasonable charges for the support, maintenance, and education of the Protected Person in a manner suitable to the Protected Person's station in life and the value of the Protected Person's estate, M.S. § 524.5-417 (c)(1);

Pay out of the Protected Person's estate all lawful debts of the Protected Person, M.S. § 524.5-417 (c)(2);

Possess and manage the estate of the Protected Person, collect all debts and claims in favor of the Protected Person, or with the approval of the court compromise them, institute suit on behalf of the Protected Person and represent the Protected Person in court proceedings, and invest pursuant to M.S. § 48A.07(6) and 501B.151 all funds not currently needed for debts, charges, and management of the estate, M.S. § 524.5-417 (c)(3);

Exchange or sell an undivided interest in real property, M.S. § 524.5-417 (c)(4);

Approve or withhold approval of any contract, except for necessities, which the Protected Person may make or wish to make, M.S. § 524.5-417 (c)(5);

Apply on behalf of the Protected Person for any assistance, services, or benefits available to the Protected Person through any unit of government, M.S. § 524.5-417 (c)(6); and

(other) _____

_____.
and all other powers, duties and responsibilities conferred on the Conservator under applicable law.

5. **PROPOSED WARD'S RELATIVES AND OTHER INTERESTED PERSONS:** In the chart below, please list the NAME, ADDRESS and PHONE number of the following individuals:

| Relationship | Name | Address | Phone Number |
|--|------|---------|--------------|
| Spouse | | | |
| Father | | | |
| Mother | | | |
| Siblings | | | |
| Children | | | |
| Administrator (if a resident of a hospital, nursing home or institution) | | | |
| Legal Representative (current guardian or conservator, representative payee, trustee or custodian of property) | | | |
| Person's nominated, proposed or confirmed by prior order or other document* | | | |

*include a copy of the prior order, health care directive or related document

6. **PROPOSED WARD'S/PROTECTED PERSON'S ASSETS:**

| Type of Property | Where located | Amount (net value less amount owed) |
|--|---------------|-------------------------------------|
| Homestead: | | |
| Other Real Estate: | | |
| Money (cash on hand or in bank accounts): | | |
| Investments (including retirement accounts): | | |
| Personal Property (including vehicles): | | |
| Other: | | |

7. **REASON(S) FOR GUARDIANSHIP/CONSERVATORSHIP:** List below the reason why you feel a guardianship/conservatorship is appropriate for the proposed ward/protected person. Describe any medical conditions the individual suffers from and explain how those conditions impact his/her decision-making ability. Attach medical reports or other documentation that you have that establishes a need for a guardianship/conservatorship.

8. **CONTESTED/NOT-CONTESTED:** Is the proposed ward/protected person in agreement with (a) the need for a guardianship/conservatorship and (b) the individual/corporation you have named to serve as guardian/conservator. If not, describe any area of disagreement: _____

Date: _____

Signed: _____