HAND LAW FIRM

ATTORNEY AT LAW

CLIENT INFORMATION FORM

GUARDIANSHIP AND CONSERVATORSHIP

Today's Date _____

Your Information (applicant):

Name _____

Date of Birth_____   Social Security: _____

Address_____

City, State, Zip Code_____

Phone#: (Home)_____ (Cell)_____

E-Mail: _____

How did you find out about us? _____

Name, address, and phone number of Company you work for: _____

_____

Confidential information will be sent to the email address and your home address.

Incapacitated Person's information:

Estate of (Person in need of a guardian):_____

Your relationship to the incapacitated: _____

Date of Birth _____   Social Security: _____

Current Address: _____

City, State, Zip Code _____

Phone #(Home)_____ (Cell) _____

Has the incapacitated person been found disabled by a government agency? If yes,

explain: _____

Has the incapacitated person been found incapacitated by a Doctor? If so, list name, address, contact information for doctor:

_____

_____

<u>Incapacitated person's Family Information and Assets</u>:

Name of spouse and birthdate

_____

List all heirs/ next of kin, relationship to incapacitated person and addresses (per the Code of Alabama this should include all parents, siblings, children, spouse/former spouse if applicable):

_____

_____

_____

_____

_____

_____

_____

Are all family members in agreement to begin this action? If not, explain:

_____

_____

Name of the person or persons you would like to be Guardian/Conservator: (usually next of kin, must reside in Alabama and be of sufficient age and mental ability)

_____

_____

Real Estate Owned and Address and estimated value:

_____

_____

_____

Personal Property Owned /Other Assets/ Bank Accounts/ Automobiles, Etc. and

estimated value of such:

_____

_____

_____

_____

_____

_____

_____

Total Estimated Value of Estate: _____

Monthly Income of Estate: _____

Monthly Expenses for incapacitated person's care at present:

_____

_____

_____

_____

_____

_____

Expected Expenses for incapacitated person's care in the near future and explain

change:

_____

_____

_____

_____

_____

_____

_____

Are you requesting incapacitated person move? If so, where, what is the expense, and

why?

_____

_____

_____

_____

_____

Any additional information you feel we should know? (Such as do you believe the

will/estate will be simple or are there any issues you see?

_____

_____

_____

_____

HAND LAW FIRM

ATTORNEY AT LAW

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(For office use only)

Flat Fee Rate: _____   Hourly Fee Rate:_____ and

initial Retainer Required: _____

SOL: _____