



RUBERG LAW PLLC

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*Information Contained herein is
ATTORNEY-CLIENT PRIVILEGED*

**GUARDIANSHIP / CONSERVATORSHIP
Personal and Financial Information Sheet**

Petitioner (Info regarding Individual Requesting Guardian Appointment):

Full Name: _____

Address: _____

Phone No: _____ Email: _____

Social Security Number: _____

Relationship to Individual you are requesting to be guardian of: _____

Qualifications (Tell us why you are qualified to be appointed as Guardian):

Respondent (Info regarding Individual in need of guardianship):

Full Name: _____

County of Residence: _____

Permanent Address of Respondent: _____

How long has Respondent Resided at this address? _____ Years, _____ Months

Is the Permanent Address where Respondent currently, physically resides?

Yes ___ or No ___

Is this address a long-term care, rehabilitation, correctional or other facility?

Yes ___ or No ___ If Yes, identify facility: _____

Names of Individual(s) and Their Relationship to Respondent who reside with at the Permanent Address:

Respondent's Identifying Information:

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

Social Security Number: _____

Driver's License or State ID Number: _____ State: _____

Who is Respondent's:

Durable Power of Attorney:

Name: _____

Address: _____

Phone: _____

Healthcare Surrogate:

Name: _____

Address: _____

Phone: _____

Next of Kin:

Name: _____

Address: _____

Phone: _____

Next of Kin:

Name: _____

Address: _____

Phone: _____

Nature of Respondent's Disability (Why is Guardianship necessary?):

Physician Information:

Name of Physician: _____

Name and Address of Practice: _____

Speciality: _____

Phone Number: _____

Name of Physician: _____

Name and Address of Practice: _____

Speciality: _____

Phone Number: _____

Name of Physician: _____

Name and Address of Practice: _____

Speciality: _____

Phone Number: _____

Name of Physician: _____

Name and Address of Practice: _____

Speciality: _____

Phone Number: _____

Respondents estate, including government benefits, insurance, retirement and other anticipated yearly income:

ESTATE

VALUE

Real Estate \$ _____

Personal Property \$ _____

Yearly Income

Source _____

Source _____

Source _____

\$ _____

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