



**AYRES PRESSER**  
*Elder Law*

**Date and Time of Appointment:** \_\_\_\_\_ **Attorney:** \_\_\_\_\_

**Who is attending the appointment today?** \_\_\_\_\_

**Who completed this form?** \_\_\_\_\_

**TYPE OF APPOINTMENT: Guardianship**

**Incapacitated Person:**

**Proposed Guardian:**

\_\_\_\_\_  
(First) (Middle) (Last)

\_\_\_\_\_  
(First) (Middle) (Last)

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Township/Borough:** \_\_\_\_\_

**Township/Borough:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**INCAPACITATED PERSON:**

**Primary Care Physician:** \_\_\_\_\_

**Date of Last Examination by this Physician:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight (approx.):** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_

**Hair Color:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**How were you referred to us? (Check one):** TV Ad  Facebook  Google/Internet search   
Friend (Name \_\_\_\_\_)  Attorney/Advisor (Name \_\_\_\_\_)   
 Other \_\_\_\_\_

**Please list the incapacitated person's Next of Kin:**

\*Spouse + Children – if none, then parents – if none living, then siblings

\*Please provide full legal names

\*List predeceased children and their surviving children, if any

1. Name/Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name/Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name/Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

4. Name/Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

5. Name/Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

6. Name/Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

7. Name/Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

8. Name/Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

**INFORMATION REQUIRED FOR GUARDIANSHIP PETITION**

1. Does the incapacitated person (IP) have a durable power of attorney?  
 Yes  No  
(If Yes, please provide our office with a copy of the durable power of attorney)
  
2. Have you (or anyone else) ever filed for guardianship for IP in the past?  
 Yes  No  
(If Yes, please provide our office with a copy of guardianship decree and other relevant documentation)
  
3. What are the current circumstances that have led to filing the guardianship petition at this time?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. What is the IP’s monthly income? Please list monthly amount and source of income.  
(Example: Social Security \$1,500 / U.S. Steel Pension \$700)  
\_\_\_\_\_  
\_\_\_\_\_
  
5. What are the IP’s assets? Please list bank accounts, stock, real estate, cars, etc. Please note if owned jointly with the guardian, spouse, or another person.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Does the IP have a pre-paid burial fund or pre-paid funeral?  
 Yes  No  
If Yes, please state the name of the funeral home or location of burial account.  
\_\_\_\_\_
  
7. Has the guardian lived in a different state within the last five (5) years?  
(Example: Guardian has lived in Virginia since 2020, but lived in New York prior to 2020)  
 Yes  No  
If Yes, please list your states of residence within the last five (5) years.  
\_\_\_\_\_

\*Why do we ask for this information? Pennsylvania law requires that we submit a criminal background check for the guardian from each state of residence within the last 5 years.