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**CONFIDENTIAL**

## ***Guardianship and/or Conservatorship Data Collection Form***

**Prepared by** \_\_\_\_\_ **Date** \_\_\_\_\_

<b><i>Incapacitated Person</i></b>			
<i>Full name</i>			
<i>Social security number</i>		<i>Home phone number</i>	
<i>Residence address</i>			
<i>City/County</i>			
<i>Marital status</i>		<i>Citizenship</i>	
<i>Place of birth (State)</i>		<i>Date of Birth &amp; Age</i>	
<i>Present location (Patient/Room #)</i>			
<i>Significant Connections with another State</i>	<i>Has the incapacitated person lived outside the state of Virginia during the past 6 months? Yes _____ No _____ Does the incapacitated person have a significant connection with another state (e.g. residence, property, family members, voter registration, driver's license, tax return, receipt of services)? Yes _____ No _____ If "Yes," please describe:</i>		

<b>Current Guardian/Power of Attorney</b> (Under Power of Attorney, Advance Medical Directive, or Court Order)			
Full name			
Residence address			
Home phone number		Work phone number	
Date of birth		Relationship	
Type of authority	Agent under POA ___ Guardian ___ Conservator ___		
Date of Power of Attorney or Court Order		Social Security Number	
Why is another guardian or conservator required?			
Is there a petition for the appointment of a guardian or conservator pending in another state? Yes ___ No ___ Has the court of another state declined to exercise jurisdiction in such a case? Yes ___ No ___			
<b>Please attach a copy of any applicable power of attorney, advance medical directive, or Court order.</b>			

<b>Proposed Guardian</b> (The guardian makes health care decisions for the incapacitated person.)			
Full name of guardian			
Social security number			
Residence address			
Home phone number		Work phone number	
Date of Birth		Relationship	

**Proposed Conservator**

(The conservator makes financial decisions for the incapacitated person.)

The court usually requires the conservator to have a surety bond. The following questions help determine the conservator's ability to obtain that bond. All information in this section will be disclosed to our third-party bondsperson to determine if they are willing to underwrite the conservator's bond.

<i>Full name of conservator</i>			
<i>Social security number</i>			
<i>Residence address</i>			
<i>Home phone number</i>		<i>Work phone number</i>	
<i>Date of birth</i>		<i>Relationship</i>	
<i>Has the proposed conservator ever declared bankruptcy?</i>			
<i>Does the proposed conservator have any judgments?</i>			
<i>Does the proposed conservator have any accounts in collections?</i>			
<i>Has the proposed conservator ever been convicted of a felony?</i>			
<i>Who is the proposed conservator's current employer and what is your occupation?</i>			
<i>If retired, previous employer and occupation?</i>			
<i>Do you authorize White &amp; McCarthy to submit your personal identifying information to a credit reporting agency or insurance company in order to determine whether or not you are bondable?</i>			

**Relatives of Incapacitated Person**

List Incapacitated's **spouse, adult children, parents, and adult siblings**. If none, list at least three other known adult relatives, including step-children, aunts/uncles, nieces/nephews, grandchildren, grandparents, etc.

1.	Name: _____ Relation: _____ Age: _____ Address: _____ Home phone #: _____ Work phone #: _____
2.	Name: _____ Relation: _____ Age: _____ Address: _____ Home phone #: _____ Work phone #: _____
3.	Name: _____ Relation: _____ Age: _____ Address: _____ Home phone #: _____ Work phone #: _____
4.	Name: _____ Relation: _____ Age: _____ Address: _____ Home phone #: _____ Work phone #: _____
5.	Name: _____ Relation: _____ Age: _____ Address: _____ Home phone #: _____ Work phone #: _____
6.	Name: _____ Relation: _____ Age: _____ Address: _____ Home phone #: _____ Work phone #: _____

**Income**

<b>Type</b>	<b>Source of Income</b>	<b>How Often Received</b>	<b>Amount</b>
<i>Social Security</i>			
<i>Other Retirement</i>			
<i>Interest</i>			
<i>Other</i>			

**Real Estate (Even if Co-Owned)**

<b>Property Address</b>	<b>Tax Assessed Value</b>	<b>Taxes Due</b>	<b>Name(s) in Which Property is Titled</b>	<b>Mortgage Company</b>	<b>Mortgage Balance</b>

**Motor Vehicles (Even if Co-Owned)**

<b>Description (Year, Make and Model)</b>	<b>Owner(s)</b>	<b>Current Value</b>	<b>Amount Owed</b>

<b>Other Valuable Personal Property</b>	
<b>Description</b>	<b>Current Value</b>

<b>Bank, Brokerage &amp; Annuity Accounts (Even if Co-Owned)</b>				
<b>Bank/Institution</b>	<b>Type of Account (Checking, Savings)</b>	<b>Account #</b>	<b>Name(s) in Which Account is Titled</b>	<b>Current Value</b>

<b>Stock Certificates/Savings Bonds (Even if Co-Owned)</b>			
<b>Name of Stock/Bond</b>	<b>No. of Shares/Face Value of Bond</b>	<b>Name(s) in Which Certificate is Titled</b>	<b>Current Value</b>

**Life Insurance Policies**

<b>Company Name</b>	<b>Policy #</b>	<b>Type (whole/ term)</b>	<b>Policy Owner</b>	<b>Insured</b>	<b>Beneficiary</b>	<b>Face Value &amp; Cash Value</b>

**Debts of Incapacitated**

<b>Description</b>	<b>Company or Entity owed</b>	<b>Current Balance</b>	<b>Total Amount Owed</b>

**Health Insurance**

<b>Type</b>	<b>Yes</b>	<b>No</b>	<b>Claim Number</b>	<b>Eligibility Date</b>	<b>Policy Holder</b>	<b>Person Insured</b>
<i>Medicare Part A</i>						
<i>Medicare Part B</i>						
<i>Medicare Part D</i>						
<i>Medicare Supplement</i>						
<i>Medicaid</i>						
<i>Long Term Care</i>						

**Medical/Health Care Information**

<i>Attending Physician</i>	Name: _____ Phone #: _____ Address: _____ Date of Last Visit: _____ Diagnosis: _____
<i>Psychiatrist</i>	Name: _____ Phone #: _____ Address: _____ Date of Last Visit: _____ Diagnosis: _____
<i>Hospital</i>	Name: _____ Phone #: _____ Address: _____ Date of Last Visit: _____ Diagnosis: _____ Social Worker: _____ Phone #: _____
<i>Nursing/Adult Home</i>	Name: _____ Phone #: _____ Address: _____ Date of Admission: _____ Contact: _____



**Burial Information**

Please describe any funeral, cremation, or organ donation plans or intentions for the incapacitated person.  
(Burial Plots, Prepaid Funeral Plans, Location, etc.)


Religious preferences of the incapacitated person:

**Additional Information**

Is the incapacitated a wartime veteran or the surviving spouse of a wartime veteran? _____
Does the incapacitated have any dependents? _____