



ATTORNEYS AT LAW  
A Professional Limited Liability Company



KIERLAND CORPORATE CENTER

7047 East Greenway Parkway ▪ Suite 370 ▪ Scottsdale, Arizona 85254  
Telephone: 480.240.4020 ▪ Facsimile: 480.240.4021  
Website: [www.beckerandhouse.com](http://www.beckerandhouse.com)

**Guardianship/Conservatorship Data Form**  
*Confidential Client Communication*

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*John R. Becker, Esq.*

Email: [john@beckerandhouse.com](mailto:john@beckerandhouse.com)

Certified Tax Law Specialist

Certified Estate and Trust Law Specialist

Fellow, The American College of Trust and Estate Counsel

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Thank you for choosing our firm to assist you. The information you provide in this questionnaire will help us during the guardianship/conservatorship process. The information requested in this form is necessary to provide you with proper advice and recommendations. We request that you complete all sections of this questionnaire to the best of your ability, and bring the same with the documents requested in Part VII, with you to your initial consultation. If you haven't already scheduled your initial consultation, please contact my office at your convenience to do so.

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<b>Fees:</b> Hourly Rate: \$ _____ Flat Fee: \$ _____	<b>Next Appointment:</b> Date: _____ Time: _____
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# Guardianship/Conservatorship Data Form

*The information on this form is confidential and subject to the attorney-client privilege.*

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## I. WARD/PROTECTED PERSON'S INFORMATION

**Full Name**

\_\_\_\_\_  
*First Middle Last*

**Date of Birth**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

**Social Security #**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

**Permanent Address**

\_\_\_\_\_  
*Street Address City State Zip*

**Daytime location  
(if different than  
above)**

\_\_\_\_\_  
*Street Address City State Zip*

**Occupation/  
Retired?**

\_\_\_\_\_  
\_\_\_\_\_

**Nature of Incapacity**

\_\_\_\_\_  
\_\_\_\_\_

**Lockdown/Inpatient  
Psychiatric Care  
needed?**

\_\_\_\_\_  
\_\_\_\_\_

**Spoken language  
other than English?**

\_\_\_\_\_  
\_\_\_\_\_

**Served in Military**

\_\_\_\_\_  
\_\_\_\_\_

**Referred by:**

\_\_\_\_\_  
\_\_\_\_\_

**Name of Co-Tenant,  
if not spouse**

\_\_\_\_\_  
\_\_\_\_\_

**Spouse's Name**

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**Spouse's Address**

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**Spouse's Phone  
Number**

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**Spouse's Date of  
Birth**

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**If Spouse is  
Deceased:  
Date of Death**

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**OTHER:**

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**IV. CONSERVATOR'S INFORMATION**  
(complete only if different than Guardian)

**Full Name**

\_\_\_\_\_  
*First*                      *Middle*                      *Last*

**Date of Birth**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Social Security #**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Mailing Address**

\_\_\_\_\_  
*Street Address*                                      *City*                                      *State*                                      *Zip*

**Home Phone**

(    )    -    \_\_\_\_\_

**Business Phone**

(    )    -    \_\_\_\_\_

**Marital Status**

**OTHER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**III. CHILDREN AND OTHER FAMILY MEMBERS OF WARD**

*Please continue on back if necessary*

**Children – Full Names and Addresses**

Child #1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spouse's name: \_\_\_\_\_

Child #2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spouse's name: \_\_\_\_\_

Child #3: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spouse's name: \_\_\_\_\_

Child #4: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spouse's name: \_\_\_\_\_

**Grandchildren/Other Family/Other  
Interested Parties – Full Name**

**Address**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**IV. ASSET INFORMATION**

Cash, (i.e., checking, savings, certificates of deposit, etc.)	\$ _____
Marketable securities (i.e., stocks, bonds, brokerage accounts, etc.)	\$ _____
Other Personal Property	\$ _____
Real Property	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

Annual Income:

Social Security	\$ _____
Pension(s)	\$ _____
Dividends	\$ _____
Other	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**V. OTHER ITEMS**

**PHYSICIAN'S NAME:** \_\_\_\_\_  
 (to do report for Court)                      Name                      Address                      Phone

**Reasons for G/C:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

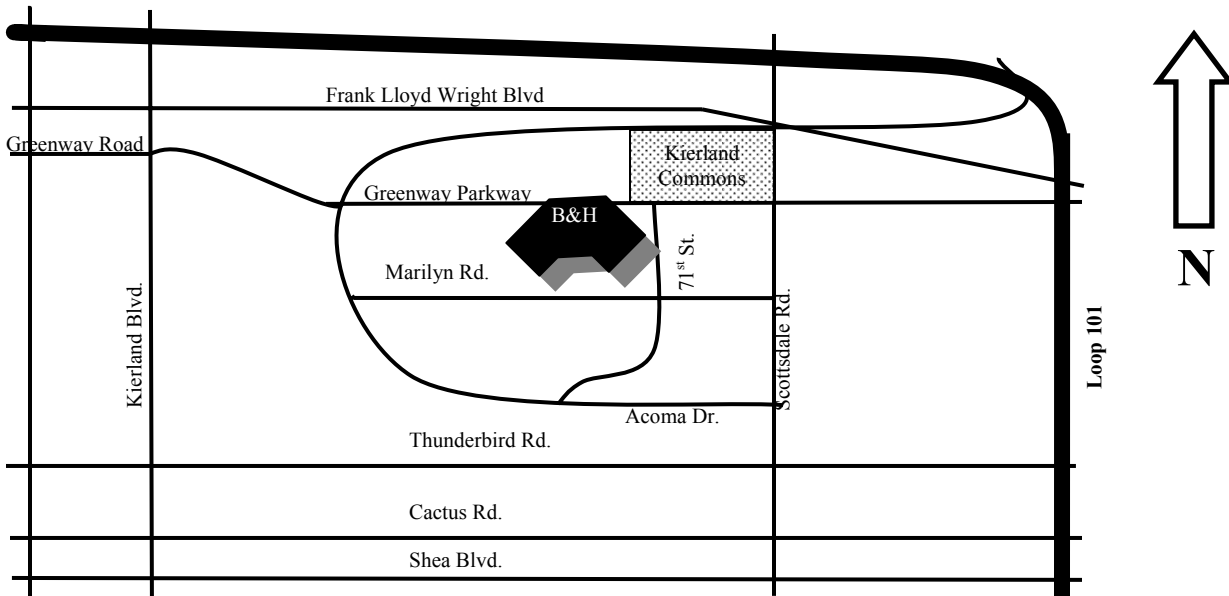
**Please return this form using one of following options:**

**US Mail:** Becker & House, PLLC  
Kierland Corporate Center  
7047 E. Greenway Parkway, Suite 370  
Scottsdale, Arizona 85254

**Fax:** 480.240.4021

**Email:** [audrey@beckerandhouse.com](mailto:audrey@beckerandhouse.com)

Should you have any questions, please contact us at 480.240.4020



**Kierland Corporate Center  
7047 East Greenway Parkway, Suite 370  
Scottsdale, Arizona 85254**

**From North:**

Upon exiting the Loop 101 Freeway at Scottsdale Road, continue South on Scottsdale Road for two (2) miles to the Greenway Parkway light. Turn right (West) onto Greenway Parkway and travel one block to 71<sup>st</sup> Street. Turn left (South) onto 71<sup>st</sup> Street then take an immediate right turn (West) into the driveway of the parking lot for Kierland Corporate Center. Our offices are on the second floor, Suite 370.

**From South:**

From the intersection of Scottsdale Road and Cactus Road: Travel north on Scottsdale Road two (2) miles to the Greenway Parkway light. Turn left (West) onto Greenway Parkway and travel one block to 71<sup>st</sup> Street. Turn left (South) onto 71<sup>st</sup> Street then take an immediate right turn (West) into the driveway of the parking lot for Kierland Corporate Center. Our offices are on the second floor, Suite 370.