SMITH & WILLIAMS

GUARDIANSHIP CONSULTATION FORM

Caring for a loved one who can no longer manage on their own is hard. This form helps us understand your loved one's situation, the decisions that need to be made, and whether guardianship or a less restrictive option is the right fit. Answer what you can. We will go over everything together.

How to complete this form

- Type directly into this form, or print it and write by hand. Some PDF viewers do not keep typed entries. After saving, close and reopen the file to make sure your answers were saved.
- Answer what you can. If a question does not apply or you are unsure, leave it blank or write a note. We will go over everything at your consultation.
- The only Social Security number we need is the one for the ward, the person who needs a guardian (Section 3, or Section 10 for a child). **Do not** include your own, or any bank or account numbers or passwords.
- Because this form includes a Social Security number, please return it through your secure MyCase client portal or in person at our office. Gather the documents listed near the end of this form and bring copies to your consultation.

Which sections apply to you?

IF THIS DESCRIBES YOU	COMPLETE
Everyone	**Sections 1 to 3 and 9 to 14**
Guardianship for an adult (age 18 or older)	**Also complete Sections 4 to 8**
Guardianship for a child, or a child's inheritance or settlement	**Also complete Section 10**
A guardianship case already exists	**Also complete Section 11**

> **If someone is in danger:** If someone is in immediate danger, call 911. To report abuse, neglect, or financial exploitation of a vulnerable adult or a child, call the Florida Abuse Hotline at 1-800-96-ABUSE (1-800-962-2873).

> **Your privacy:** Your answers are confidential. Florida law protects information you share with us as a prospective client, even if you decide not to hire us.

FOR OFFICE USE ONLY

DATE RECEIVED	ATTORNEY	CONFLICT CHECK (DATE/INITIALS)	CONSULT DATE

SECTION 1 ABOUT YOU

Tell us about yourself. If you hope to serve as guardian, the court will review your background.

FULL LEGAL NAME

OTHER NAMES USED (MAIDEN, FORMER, NICKNAME)

DATE OF BIRTH

PREFERRED LANGUAGE

OCCUPATION

HOME STREET ADDRESS

CITY

COUNTY

STATE

ZIP

MOBILE PHONE

OTHER PHONE

PERSONAL EMAIL

Best way to reach you (check all that apply) ☐ Call ☐ Text ☐ Email

May we leave a detailed message at the numbers above? ◯ Yes ◯ No

Will you need an interpreter or other accommodations for meetings? (for example, large-print documents or a virtual meeting) ◯ Yes ◯ No

If yes, please describe (include the language if you need an interpreter).

HOW DID YOU HEAR ABOUT US? (REFERRAL SOURCE)

Have you spoken with or hired another attorney about this matter? ◯ Yes ◯ No

If yes, who, and is that attorney still involved?

YOUR RELATIONSHIP TO THE PERSON WHO MAY NEED HELP

Would you like to serve as guardian? ◯ Yes ◯ No ◯ Not sure

Do you live in Florida? ◯ Yes ◯ No

Have you ever been convicted of a felony? ◯ Yes ◯ No

Have you ever filed for bankruptcy, or been found responsible for abuse, neglect, or exploitation? ◯ Yes ◯ No

Who can serve: Florida courts generally require a guardian to complete a criminal background check, may also require a credit check, and require a guardian training course. A person convicted of a felony cannot serve. Someone who lives outside Florida may serve only if they are a close relative. If any of this applies to you, tell us, and we will discuss other options.

SECTION 2 WHAT KIND OF HELP IS NEEDED?

Check all that apply:

- ☐ An adult can no longer make safe decisions
- ☐ An adult needs help only with medical and personal decisions
- ☐ An adult with a developmental disability (guardian advocate)
- ☐ A child is inheriting money or receiving a settlement
- ☐ Restore rights to someone who has improved
- ☐ An adult needs help only with money and property
- ☐ An emergency: decisions are needed right away
- ☐ A child has no parent able to care for them
- ☐ A guardianship already exists and needs changes
- ☐ Not sure what is needed

IN YOUR OWN WORDS, WHAT IS HAPPENING AND WHY ARE YOU SEEKING HELP NOW?

SECTION 3 THE PERSON WHO MAY NEED A GUARDIAN

We will call this person your loved one. Florida law calls them the "alleged incapacitated person" until the court decides.

FULL LEGAL NAME | **OTHER NAMES USED**

DATE OF BIRTH | **SOCIAL SECURITY NUMBER (XXX-XX-XXXX)** | **PREFERRED LANGUAGE** | **PHONE**

CURRENT ADDRESS (WHERE THEY ARE LIVING NOW)

CITY | **COUNTY** | **STATE** | **ZIP**

Where are they living now?

- ◯ Own home, alone
- ◯ Own home, with family
- ◯ With a relative or friend
- ◯ Assisted living facility
- ◯ Nursing home
- ◯ Hospital or rehab
- ◯ Group home
- ◯ Unsafe or no stable housing
- ◯ Other

NAME OF FACILITY (IF ANY) | **FACILITY PHONE**

Marital status

- ◯ Married
- ◯ Widowed
- ◯ Divorced
- ◯ Never married
- ◯ Separated

Is your loved one a U.S. military veteran receiving, or eligible for, VA benefits? ◯ Yes ◯ No ◯ Not sure

Does your loved one know you are seeking help? ◯ Yes ◯ No ◯ Not sure

How do you expect them to feel about a guardianship?

◯ Agrees ◯ Objects ◯ Cannot express a view ◯ Not sure

Your loved one's rights: Your loved one has important rights in this process, including the right to their own court-appointed attorney and the right to object. Florida courts must also consider whether a less restrictive option, such as a power of attorney or health care surrogate, would meet their needs.

SECTION 4 HEALTH & ABILITY TO MAKE DECISIONS

Which conditions affect your loved one? (check all that apply)

- ☐ Dementia or Alzheimer's disease
- ☐ Brain injury
- ☐ Mental illness
- ☐ Serious physical illness
- ☐ Not diagnosed yet
- ☐ Stroke
- ☐ Developmental or intellectual disability
- ☐ Substance use
- ☐ Coma or unresponsive
- ☐ Other

WHEN DID YOU FIRST NOTICE CHANGES?

DIAGNOSIS, IF KNOWN

Doctor or provider name	Specialty	Office or facility	Phone

Which of these can your loved one do safely on their own today?

	Yes	With some help	No	Not sure
Pay bills and manage bank accounts	○	○	○	○
Understand and sign contracts	○	○	○	○
Make medical decisions and consent to treatment	○	○	○	○
Take medications correctly	○	○	○	○
Decide where to live	○	○	○	○
Drive safely	○	○	○	○
Recognize scams and avoid being taken advantage of	○	○	○	○
Bathe, dress, and eat without help	○	○	○	○
Apply for benefits (Social Security, Medicaid, VA)	○	○	○	○

Has your loved one been hospitalized, involuntarily examined, or had a medical crisis in the last year? ○ Yes ○ No

If yes, when and where?

GIVE A FEW RECENT EXAMPLES OF THE PROBLEMS YOU HAVE SEEN (FOR EXAMPLE, MISSED BILLS, GETTING LOST, UNSAFE DECISIONS, OR FALLING FOR SCAMS).

SECTION 5 EXISTING LEGAL DOCUMENTS

These documents may make guardianship unnecessary, or may show who your loved one wanted to help them.

	Exists? (Y/N/Unsure)	Date signed	Person named to act	Is that person acting? (Y/N)
Durable power of attorney				
Health care surrogate				
Living will				
Preneed guardian designation				
Will or trust				
Social Security representative payee				
VA fiduciary				
Joint bank accounts				

Are you concerned that someone named in these documents is misusing their authority? ◯ Yes ◯ No

If yes, please explain.

SECTION 6 SAFETY & URGENT CONCERNS

Is your loved one currently facing any of these? (check all that apply)

- ☐ Someone is taking or misusing their money
- ☐ Unpaid bills or utilities shut off
- ☐ Neglect or lack of care
- ☐ Wandering or getting lost
- ☐ Refusing needed medical care
- ☐ Medicaid or benefits application deadline
- ☐ Scams or suspicious new "friends"
- ☐ Foreclosure, eviction, or tax sale
- ☐ Physical or emotional abuse
- ☐ Unsafe home conditions
- ☐ Hospital discharge waiting on a decision-maker
- ☐ None of these

Has a report been made to Adult Protective Services, the police, or a bank? ◯ Yes ◯ No

If yes, to whom, when, and any report number.

PLEASE DESCRIBE ANY URGENT CONCERN AND THE DATES INVOLVED

Emergencies: If decisions are needed right away to protect your loved one's health or property, Florida courts can appoint an emergency temporary guardian while the full case proceeds. Tell us about any urgent deadline.

SECTION 7 INCOME, PROPERTY & DEBTS

Approximate amounts are fine. Do not include account numbers.

Source of income	Monthly amount	Paid to (account or person)
Social Security or SSI		
Pension or retirement		
VA benefits		
Wages		
Rental or other income		

	Description (bank, address, company)	Approx. value	Joint owner? (name)
Home or other real estate			
Bank accounts			
Investments or retirement accounts			
Life insurance or annuities			
Vehicles			
Business interests			
Other			

MONTHLY COST OF CARE (FACILITY, HOME HEALTH, ETC.)

WHO IS PAYING BILLS NOW?

Does your loved one have significant debts, lawsuits, or unpaid taxes? ◯ Yes ◯ No

If yes, please describe.

Is your loved one receiving Medicaid, or might they need Medicaid for long-term care soon? ◯ Yes ◯ No

SECTION 8 FAMILY & INTERESTED PEOPLE

The court must be told about your loved one's closest relatives. Please list the spouse, adult children, parents, and brothers and sisters, or the nearest relatives if none of those are living.

Full name	Relationship	City & state	Phone or email	Supports guardianship? (Y/N/Unsure)	Wants to serve? (Y/N)

Is any family member likely to object, or to ask to be guardian instead? ◯ Yes ◯ No

If yes, who, and why?

SECTION 9 PROPOSED GUARDIAN

A guardian can be a family member, a friend, or a professional guardian. You may suggest more than one person.

	Full name	Relationship to your loved one	City & state	Phone
1st choice				
2nd choice				

What should the guardian be responsible for?

◯ Personal and medical decisions ◯ Money and property
◯ Both ◯ Not sure

Would you consider a professional guardian if no family member is able to serve? ◯ Yes ◯ No ◯ Discuss

SECTION 10 GUARDIANSHIP FOR A CHILD

Complete if the guardianship is for someone under 18, or for money or property a child is receiving.

Child's full name	Date of birth	Social Security number	Lives with	Your relationship

What is the situation with the child's parents? (check all that apply)

☐ One or both parents have died ☐ A parent is absent or cannot be located
☐ A parent is incarcerated ☐ A parent is ill or unable to care for the child
☐ A parent agrees to the guardianship ☐ A parent objects
☐ Parental rights were terminated ☐ The Department of Children and Families is involved

PARENT NAMES AND CONTACT INFORMATION (IF KNOWN)

Is the child receiving money or property (for example, an inheritance, life insurance, or a lawsuit settlement)? ◯ Yes ◯ No

SOURCE | APPROXIMATE AMOUNT | WHO IS HOLDING IT NOW?

Good to know: In Florida, a parent can generally manage up to $15,000 for a child without court involvement. Larger amounts, and settlements of a child's claim, usually require a court-supervised guardianship of property or court approval.

SECTION 11 EXISTING GUARDIANSHIP CASE

Is there already a guardianship case? ◯ Yes ◯ No ◯ Not sure

COUNTY AND STATE

CASE NUMBER

JUDGE

CURRENT GUARDIAN

GUARDIAN'S ATTORNEY

What do you need help with? (check all that apply)

- ☐ Annual plan or accounting
- ☐ Become a successor guardian
- ☐ Concerns about how the guardian is acting
- ☐ Move the case to another county or state
- ☐ Replace or remove the guardian
- ☐ Restore my loved one's rights
- ☐ Court approval for a sale or expense
- ☐ Other

Are there any upcoming hearings or deadlines? ◯ Yes ◯ No

If yes, list the dates.

SECTION 12 OTHER PEOPLE INVOLVED

We check every name for conflicts of interest. List anyone else involved, such as caregivers, agents under a power of attorney, facilities, people you are concerned about, and any attorneys.

Full name of person or business	Role (opposing party, co-owner, family, etc.)	City & state	Their attorney (if known)

SECTION 13 DOCUMENTS TO GATHER

Please gather copies of the following, if you have them (check what you have):

- ☐ Power of attorney
- ☐ Preneed guardian designation
- ☐ Letters or reports from doctors
- ☐ Recent bank and benefit statements
- ☐ Social Security or VA letters
- ☐ Police or Adult Protective Services reports
- ☐ Health care surrogate or living will
- ☐ Will or trust
- ☐ List of medications
- ☐ Deeds and property tax bills
- ☐ Court papers from any existing case
- ☐ Child's birth certificate and parent death certificates

Documents: Keep your originals. Bring copies to your consultation or upload them through your client portal. Please do not throw away, delete, or alter any papers, texts, emails, or social media posts about this matter.

SECTION 14 ADDITIONAL INFORMATION & SIGNATURE

ANYTHING ELSE WE SHOULD KNOW, INCLUDING QUESTIONS FOR YOUR ATTORNEY

Acknowledgment

By signing below, I confirm that: (1) the information in this form is true and complete to the best of my knowledge; (2) submitting this form or meeting for a consultation does not create an attorney-client relationship, and Smith & Williams, PLLC will represent me only after we both sign a written engagement agreement; (3) until then, the firm is not responsible for any deadline in my matter, and I understand that important legal deadlines may apply; and (4) the firm may rely on this information in evaluating my request. I understand that the information I share will be kept confidential as required by the Rules Regulating The Florida Bar, even if the firm does not represent me.

Prospective client

SIGNATURE | PRINTED NAME | DATE