

**INITIAL GUARDIANSHIP WORKSHEET**  
**(DEVELOPMENTAL DISABILITY)**

Person here today \_\_\_\_\_ Date \_\_\_\_\_

**PROPOSED WARD'S INFORMATION:**

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Proposed Ward's Address \_\_\_\_\_

Nature of Developmental Disability:

*Retardation* \_\_\_\_\_ *Cerebral Palsy* \_\_\_\_\_ *Autism* \_\_\_\_\_

*Spina Bifida* \_\_\_\_\_ *Prader-Willi Syndrome* \_\_\_\_\_

*Other (describe)* \_\_\_\_\_

Specific and exact areas in which the person lacks the decision-making ability to make informed decisions about their care and treatment services or to meet the essential requirements for their physical health or safety are:

- |   |   |
|---|---|
| <input type="checkbox"/> To marry   | <input type="checkbox"/> To personally apply for government benefits  |
| <input type="checkbox"/> To travel  | <input type="checkbox"/> To make decisions about their social environment or other social aspects of their life |
| <input type="checkbox"/> To have a driver's license   | <input type="checkbox"/> To vote  |
| <input type="checkbox"/> To determine their residency   | <input type="checkbox"/> To seek or retain employment   |
| <input type="checkbox"/> To consent to medical, dental, surgical care and mental health treatment |   |

The proposed Ward's Primary care physician's name, address & phone # \_\_\_\_\_

Nature and value of property subject to the guardianship (i.e. clothes, iPad, phone, and misc. personal property)

Estimated value \$ \_\_\_\_\_

**PROPOSED WARD'S FINANCIAL INFORMATION:**

1. The proposed Ward has \_\_\_\_\_ dependents.

2. The proposed Ward has take home income of \$\_\_\_\_\_ paid  weekly  bi-weekly  monthly  yearly  
(Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court ordered support payments)

3. The proposed Ward has other income paid  weekly  bi-weekly  monthly  yearly  
(Choose "yes" by filling in the amount if you have this kind of income, otherwise choose "no")

Social Security benefits	Yes \$ _____	No	Veterans' benefits	Yes \$ _____	No
Unemployment compensation	Yes \$ _____	No	Child support or other regular support		
Union Funds	Yes \$ _____	No	from family members/spouse	Yes \$ _____	No
Workers compensation	Yes \$ _____	No	Rental income	Yes \$ _____	No
Retirement/pensions	Yes \$ _____	No	Dividends or interest	Yes \$ _____	No
Trusts or gifts	Yes \$ _____	No	Other income not on the list	Yes \$ _____	No

4. The proposed Ward has other assets: (Choose "yes" by filing in the value of the property, otherwise choose "No")

Cash	Yes \$ _____	No
Savings	Yes \$ _____	No
Bank account(s)	Yes \$ _____	No
Stocks/bonds	Yes \$ _____	No
Certificates of deposit or money market accounts	Yes \$ _____	No
Equity in Real estate (excluding homestead)*	Yes \$ _____	No
Equity in vehicles/Boats/Other tangible property*	Yes \$ _____	No

\*include expectancy of an interest in such property

5. The proposed Ward has a total amount of liabilities and debts in the amount of \$ \_\_\_\_\_

6. The proposed Ward has a private lawyer in this case ..... Yes No

**PROPOSED GUARDIAN(S) INFORMATION:**                      ***IN ORDER or CO-GUARDIANS***

1. Name \_\_\_\_\_

Relationship to proposed Ward \_\_\_\_\_

Previously or currently serving as guardian for any other ward? Yes or No

If yes, list names of ward(s), county filed in and court file number(s), status and position \_\_\_\_\_

\_\_\_\_\_

Any physical disabilities? Yes or No If yes, please describe \_\_\_\_\_

Work Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Telephone Number: ( ) -

Email address \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to proposed Ward \_\_\_\_\_

Previously or currently serving as guardian for any other ward? Yes or No

If yes, list names of ward(s), county filed in and court file number(s), status and position \_\_\_\_\_

Any physical disabilities? Yes or No If yes, please describe \_\_\_\_\_

Work Telephone Number: ( ) -

Cell Telephone Number: ( ) -

Home Telephone Number: ( ) -

Email address \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship to proposed Ward \_\_\_\_\_

Previously or currently serving as guardian for any other ward? Yes or No

If yes, list names of ward(s), county filed in and court file number(s), status and position \_\_\_\_\_

Any physical disabilities? Yes or No If yes, please describe \_\_\_\_\_

Work Telephone Number: ( ) -

Cell Telephone Number: ( ) -

Home Telephone Number: ( ) -

Email address \_\_\_\_\_

4. Parents' (or next of kin's) name, address & phone # if different than proposed guardians

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

**Guardianship Intake Form**

Levins & Associates LLC

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