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# Guardianship and/or Conservatorship Intake Form

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The Ruddy Law Firm, A Professional Corporation

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED INTAKE FORM TO OUR OFFICE PRIOR TO  
YOUR APPOINTMENT VIA MAIL OR FAX.

I. PERSON COMPLETING THIS FORM

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Numbers: \_\_\_\_\_  
Email Addresses: \_\_\_\_\_  
Relationship to incapacitated individual: \_\_\_\_\_

II. INCAPACITATED INDIVIDUAL

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
*If in Care Facility, please provide Contact Person and Title:*

\_\_\_\_\_  
*If in Hospital, please provide location and when individual was admitted:*

\_\_\_\_\_  
Telephone numbers: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Is the individual a veteran? \_\_\_\_\_

Has the Incapacitated Individual signed a durable power of attorney?  
\_\_\_\_\_

Has the Incapacitated Individual signed a health care power of attorney, living will, or  
advance medical directive?  
\_\_\_\_\_

III. RELATIVES

Name: \_\_\_\_\_

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

Telephone numbers: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone numbers: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone numbers: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone numbers: \_\_\_\_\_

IV. HEALTH/MEDICAL CONTACTS

Name of Attending Physician: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email addresses: \_\_\_\_\_

Date of Last Visit: \_\_\_\_\_

Name of Psychiatrist/Psychologist: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email addresses: \_\_\_\_\_

Date of Last Visit: \_\_\_\_\_

Name of Social Worker: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email addresses: \_\_\_\_\_

Date of Last Visit: \_\_\_\_\_

V. DIAGNOSIS

Has the individual's attending physician, psychiatrist/psychologist, or social worker provided a written evaluation of the individual's capacity?

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

What physical and/or mental conditions are at issue? Please state the most recent diagnosis which impairs the individual. If you do not know the diagnosis, please describe the symptoms which impair the individual.

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

VI. FINANCIAL INFORMATION

**ASSETS** (Please provide approximate values and the name of the bank/institution at which the assets are held.)

Cash on hand: \_\_\_\_\_

Annuities: \_\_\_\_\_

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

Checking/Savings account(s):

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Certificate(s) of Deposit: \_\_\_\_\_

Retirement/Brokerage account(s):

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Real Property (please provide address):

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Automobiles/other vehicles:

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Life Insurance (please provide insurance company, policy number, and current cash value):

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Does the incapacitated individual have any assets that are held jointly with another other person?

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Any other assets not listed above:

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**INCOME** (Please provide approximate monthly income and the company/institution from which the income is received.)

Social Security: \_\_\_\_\_/month

Investment Income:

\_\_\_\_\_ at \_\_\_\_\_/month

\_\_\_\_\_ at \_\_\_\_\_/month

Pension:

\_\_\_\_\_ at \_\_\_\_\_/month

\_\_\_\_\_ at \_\_\_\_\_/month

Long Term Care Insurance:

\_\_\_\_\_ at \_\_\_\_\_/month  
\_\_\_\_\_ at \_\_\_\_\_/month

Employment:

\_\_\_\_\_ at \_\_\_\_\_/month  
\_\_\_\_\_ at \_\_\_\_\_/month

Annuity:

\_\_\_\_\_ at \_\_\_\_\_/month  
\_\_\_\_\_ at \_\_\_\_\_/month

Any other source of income not listed above:

\_\_\_\_\_ at \_\_\_\_\_/month  
\_\_\_\_\_ at \_\_\_\_\_/month  
\_\_\_\_\_ at \_\_\_\_\_/month

VII. PROPOSED GUARDIAN / CONSERVATOR

Name: \_\_\_\_\_

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

Telephone numbers: \_\_\_\_\_

Email addresses: \_\_\_\_\_

Relationship to incapacitated individual: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Does the Proposed Guardian/Conservator have any criminal convictions, bankruptcies, or revocation of a professional license?

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

Does the Proposed Guardian/Conservator owe money to the incapacitated individual?

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

Does the Proposed Guardian/Conservator regularly receive money from the incapacitated individual?

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

Is the Proposed Guardian/Conservator being paid to provide services to the incapacitated individual?

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