

GUARDIANSHIP FOR DEVELOPMENTALLY DISABLED PERSONS

CHECKLIST

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1. Name, address, e-mail address, and telephone number of person(s) applying to act as guardian/conservator: _____

 2. Relationship of prospective guardian(s) to developmentally disabled person:

 3. Name of developmentally disabled person: _____
 4. Where is developmentally disabled person living? (include county): _____

 5. If living in a care facility, ICFMR, or other residence, please provide name, address, and county of facility: _____

 6. Date of birth/age of developmentally disabled person: _____ age: _____
 7. Description of disability/impairments showing the developmental disability, the ability to receive, evaluate and communicate information, and ability to manage financial resources and meet essential requirements for physical health or safety: _____

 8. Please provide copies of the following documents at the time of the appointment:
 - A. SIB R
 - B. Psychological Evaluation for purposes of documenting IQ of disabled person
 - C. Medical-Physical Examination / Social Evaluation as documented by medical records dated within the past twelve (12) months.

These documents will be required by the Evaluation Committee at the Department of Health &

Return completed checklist to: Finch & Associates Law Office Office, PLLC
412 E. Parkcenter Blvd., Suite 210
Boise, Idaho 83706
Fax: (208) 389-2186
E-mail: contactus@familylegalsolutions.com

Welfare for purposes of the completion of the Evaluation Committee's Report as required by the Idaho statutes governing guardianships of developmentally disabled person. If you are able to provide those at the time of your appointment, we can provide copies of the documents to the Evaluation Committee which will allow the guardianship process to proceed in the most efficient manner. If you do not have some or all of these documents, the Department of Health & Welfare can provide the names of agencies which can administer such evaluations and prepare the required report.

9. Describe age of onset of the disability: _____

10. State the nature and scope of guardianship and/or conservatorship sought: _____

11. List the names, addresses and telephone numbers of all parents, siblings and children of the developmentally disabled person: **Please note**, personal service must be made upon all interested parties, including a parent who is not seeking to be appointed as a guardian. If the parent is deceased, please note.

Mother: _____

Father: _____

Siblings: _____

12. Describe the developmentally disabled person's financial condition, list all assets, income and ability to pay for costs of judicial proceedings:

a. SSI/per month: ___ yes ___ no If yes, how much \$ _____

b. Social Security/per month: ___ yes ___ no If yes, how much \$ _____

c. Medicare: ___ yes ___ no If yes, how much \$ _____

d. Medicaid benefits applied for or received? ___ yes ___ no

e. Does the developmentally disabled person have health insurance? ___ yes ___ no

f. Is the developmentally disabled person the beneficiary of a trust? ___ yes ___ no

If your answer is "yes," what is the balance of the trust: \$ _____

If your answer is "yes," please attach a copy of the trust, is available.

g. Does the developmentally disabled person have a savings account balance: ___ yes ___ no

If yes, how much \$ _____

Name of bank: _____

h. Does the developmentally disabled person have a savings account balance: ___ yes ___ no

If yes, how much \$ _____

Name of bank: _____

i. Does the developmentally disabled person own real estate? ___ yes ___ no

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If your answer is “yes,” what is the location/value: _____

13. Please state whether you, if you are seeking appointment as Guardian and/or Conservator, have been charged with and/or convicted with any crime, whether it was a misdemeanor or felony, and indicate the nature of the charges and the disposition of the charges.

14. Please state whether you know of any other person who may contest this proceeding and his or relationship to the ward

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