

# FINCH & ASSOCIATES LAW OFFICE, PLLC

Attorneys at Law  
412 E. Parkcenter Blvd., Ste. 210  
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## CHECKLIST FOR APPOINTMENT OF GUARDIAN/CONSERVATOR

- I. Information needed from Petitioner:
  - A. Name of Petitioners: \_\_\_\_\_
  - B. Address of Petitioner (include county): \_\_\_\_\_
  - C. Telephone Number of Petitioner: \_\_\_\_\_
  - D. Social Security Number of Petitioner: \_\_\_\_\_
  - E. Relationship of Petitioner to incapacitated person: \_\_\_\_\_
  - F. Name of incapacitated person or minor: \_\_\_\_\_
  - G. Address/Residence of incapacitated person or minor: \_\_\_\_\_
  - H. Telephone Number of incapacitated person or minor: \_\_\_\_\_
  - I. Social Security Number of incapacitated person or minor: \_\_\_\_\_
  - J. Date of birth/age of incapacitated or minor person: \_\_\_\_\_ years
  - K. Name of Spouse of incapacitated person or parent of minor: \_\_\_\_\_
  - L. Reason for incapacitation: \_\_\_\_\_
  - M. Name/address of primary care physician or last physician to see incapacitated person:  
\_\_\_\_\_  
\_\_\_\_\_
  - N. Medications taken by incapacitated person: \_\_\_\_\_  
\_\_\_\_\_

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- O. Assets of incapacitated person (to the best of your information and belief):
- (1) Real property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - (2) Stocks/bonds: (Company, Number of Shares) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - (3) Checking account no. & balance/Name of Bank: \_\_\_\_\_  
 \_\_\_\_\_
  - (4) Savings account no. & balance/Name of Bank: \_\_\_\_\_  
 \_\_\_\_\_
  - (5) Certificates of Deposits (amount/maturity date/Bank held at):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - (6) Vehicles (Make/Model/Year/Blue Book Value: \_\_\_\_\_  
 \_\_\_\_\_
  - (7) Furniture/personal belongings/antiques: \_\_\_\_\_
  - (8) Mobile Homes/Manufactured Homes (Model/Value):  
 \_\_\_\_\_
  - (9) Grantor or Beneficiary of any Revocable or Irrevocable Trust? \_\_\_\_\_;  
 If so, please provide details on date of trust, name of grantor, and whether  
 Or not the incapacitated person is the beneficiary: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - (10) Social Security / per month: \$ \_\_\_\_\_
  - (11) Pensions received each month: \$ \_\_\_\_\_
  - (12) Dividends/Interest Income: \$ \_\_\_\_\_
  - (13) Rental Income: \$ \_\_\_\_\_
- P. Is the incapacitated person a veteran? \_\_\_\_\_
- Q. Names/addresses & telephone numbers of living relatives (spouse, siblings, children):  
 \_\_\_\_\_

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R. Please list all debts of the incapacitated person:

Creditor	Amount Due each Month	Balance Due
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S. Please list the name, address, date of birth, and social security number of any person you suspect of inappropriately using the incapacitated person's monies, accounts, assets:

Name	Address	DOB	SSN
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T. Does anyone hold a power of attorney for health care for the incapacitated person? If so, please state the name of the agent, and provide a copy of the power of attorney for health care.

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**The following information may be needed by the Court Visitor in preparing the report for Court. Please complete the following information with regard to the person who is proposed to act as Guardian and Conservator in this matter:**

Please state whether the proposed Guardian and/or Conservator is employed \_\_\_\_\_  
If so, please state the current place of employment: \_\_\_\_\_

Please describe any past experience of the proposed Guardian in taking care of an incapacitated person, or making arrangements for the proposed ward's medical care, clothing, housing arrangements :

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Please describe any past experience of the proposed Conservator in taking care of the ward's finances, paying bills, making deposits, etc. If you have been assisting the ward in doing these activities, please indicate for how long you have been doing it. \_\_\_\_\_

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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 a misdemeanor or felony, and indicate the nature of the charges and the disposition of the charges. \_\_\_\_\_

-3-

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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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Please state the reason why you are seeking guardianship:  
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Please provide a time line of events leading up to you seeking guardianship, specifically including events such as hospitalizations of incapacitated person, when you noticed the person's inability to care for themselves and/or make decisions, when you noticed the inability to make financial decisions or protect assets.  
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Effective July 1, 2013, the Idaho Courts passed a law requiring all guardians and conservators to pass a background check as required by the Department of Health & Welfare. This process is found at <https://chu.dhw.idaho.gov/>. It will prompt you for a requesting employer number. Our firm's number is **7561**. There is a charge for this service which must be paid at the time you fill out the on-line application. The court will not approve the guardianship without this report. Therefore, it is essential you complete the background check as soon as possible.

-4-

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