



Knoxville Elder Law

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Conservatorship Questionnaire

CONSERVATOR/PETITIONER

Address

Date of Birth: _____

Phone: (____) ____ - _____

E-Mail: _____

SSN: ____ - ____ - _____

U.S. Citizen: Yes / No

Veteran: Yes / No

Dates of Service: _____

Date & Place of Marriage

Emergency Contact

Phone: (____) ____ - _____

DISABLED ADULT (“WARD”)

Address

Date of Birth: _____

Phone: (____) ____ - _____

E-Mail: _____

SSN: ____ - ____ - _____

U.S. Citizen: Yes / No

Veteran: Yes / No

Dates of Service: _____

Date & Place of Marriage

Emergency Contact

Phone: (____) ____ - _____

WARD'S CLOSEST LIVING RELATIVES
(e.g. spouse, parents, brothers/sisters, children, etc.)

Name

Address

Date of Birth: _____

Phone: (____) ____ - _____

Name

Address

Date of Birth: _____

Phone: (____) ____ - _____

Name

Address

Date of Birth: _____

Phone: (____) ____ - _____

Name

Address

Date of Birth: _____

Phone: (____) ____ - _____

Name

Address

Date of Birth: _____

Phone: (____) ____ - _____

Name

Address

Date of Birth: _____

Phone: (____) ____ - _____

Has the Ward been formally diagnosed with any disabilities? Yes / No

Disability(ies):

Diagnosing Physician: _____

Physician Contact: _____

Physician Phone: (____) _____ - _____

Is the Ward currently receiving receiving SSI, SSDI, Medicaid, or other benefits? Yes / No

If yes, what? _____

MEDICAL & HEALTH INFORMATION

CONSERVATOR

Current Health Issues

Medications

DISABLED ADULT (“WARD”)

Current Health Issues

Medications

WARD'S LIMITATIONS OF DAILY LIVING

These questions are meant to assess any limitations to the Ward's activities of daily living. Measuring these limitations is important when reviewing the needs - both currently and in the future. Please indicate with a check-mark the appropriate area.

ACTIVITY	NO HELP	SOME HELP	UNABLE TO DO
BATHING			
DRESSING			
TRANSFERRING			
WALKING			
FEEDING SELF			
TOILETING			
GROOMING			
PREP. MEALS			
GROCERY SHOP			
HOUSEWORK			
LAUNDRY			
TAKE MEDICATION			
MANAGE MONEY			
TELEPHONE			

INCOME

CONSERVATOR

Social Security: _____

Pension: _____

Wages: _____

Other: _____

DISABLED ADULT (“WARD”)

Social Security: _____

Pension: _____

Wages: _____

Other: _____

WARD’S ASSETS

WARD’S PERSONAL RESIDENCE

Address: _____

Value: _____ **Mortgage:** _____
Titled: _____

WARD’S OTHER REAL PROPERTY (REAL ESTATE / LAND)

Address: _____

Value: _____ **Mortgage:** _____
Titled: _____

Address: _____

Value: _____ **Mortgage:** _____
Titled: _____

WARD’S VEHICLES

Year & Model: _____

Value: _____ **Titled:** _____

Year & Model: _____

Value: _____ **Titled:** _____

WARD'S CHECKING & SAVINGS ACCOUNTS

Checking: \$ _____ Savings: \$ _____ Bank: _____

Checking: \$ _____ Savings: \$ _____ Bank: _____

Checking: \$ _____ Savings: \$ _____ Bank: _____

Checking: \$ _____ Savings: \$ _____ Bank: _____

WARD'S INVESTMENT ACCOUNTS

Money Market Accounts: \$ _____ Titled:

\$ _____ Titled:

CDs: \$ _____ Titled:

\$ _____ Titled:

Stocks / Mutual Funds \$ _____ Titled:

\$ _____ Titled:

Bonds \$ _____ Titled:

\$ _____ Titled:

Other Securities \$ _____ Titled:

Business Interests \$ _____ Titled:

\$ _____ Titled:

Life Insurance (Cash Value) \$ _____ **Titled:**

 \$ _____ **Titled:**

Retirement Plans \$ _____ **Titled:**

 \$ _____ **Titled:**

Annuities \$ _____ **Titled:**

 \$ _____ **Titled:**

Pensions \$ _____ **Titled:**

 \$ _____ **Titled:**

WARD’S LIABILITIES

Credit Card Debt \$ _____ **Titled:**

 \$ _____ **Titled:**

 \$ _____ **Titled:**

Automobile Loans \$ _____ **Titled:**

 \$ _____ **Titled:**

Other Debts \$ _____ **Titled:**

 \$ _____ **Titled:**

 \$ _____ **Titled:**

Judgments Against Ward \$ _____ Titled:

 \$ _____ Titled:

WARD TOTAL LIABILITIES: \$ _____

WARD'S MONTHLY EXPENSES

ITEM	AMOUNT	MONTHLY	JOINT
MORTGAGE	\$		
PROPERTY TAX	\$		
HOMEOWNERS INSURANCE	\$		
UTILITIES	\$		
RESIDENTIAL FACILITY	\$		
HEALTHCARE/INSURANCE	\$		
TELEPHONE/CELL PHONE	\$		
CABLE/INTERNET	\$		
AUTOMOBILES	\$		
AUTO INSURANCE	\$		
GROCERIES	\$		
RECREATION	\$		
CHARITIES/CONTRIBUTIONS	\$		
OTHER*	\$		

***Please feel free to attach any additional pages and/or information that may be necessary.**

WARD'S ESTATE PLANNING DOCUMENTS

Does the Ward have any of the following estate planning documents? If yes, please indicate below.

DOCUMENT	YES / NO	DATE EXECUTED	AGENT
LAST WILL & TEST.			
DURABLE POA			
LIVING WILL			
HEALTHCARE POA			
REVOCABLE TRUST			
OTHER			

Additional Questions & Comments:
