CHICAGO VOLUNTEER LEGAL SERVICES

Because equal access to justice is everyone's fight

Today's Date:

Legal Screener Name:

ADULT GUARDIANSHIP QUESTIONNAIRE AND MEMORANDUM

PLEASE COMPLETE *ALL* INFORMATION, IF POSSIBLE

PROSPECTIVE GUARDIAN

Name:

Current Address:

Age: Date of Birth: Home Telephone: Work:

If no telephone, other number where you can be reached:

Specify whose telephone:

Occupation and name of employer:

Gross Monthly Income from job:

Amount **and** source of other income:

If married, name of present spouse:

Ever convicted of a felony? ☐ Y ☐ N

Illinois law prohibits a convicted felon from becoming guardian except under certain circumstances. Talk to a CVLS staff attorney BEFORE TAKING THIS CASE.

Relationship to disabled adult:

Why do you want a guardianship:

What are the guardian's ***realistic*** care plans for the adult?

Did the alleged disabled person sign a power of attorney?"? ☐ Y ☐ N

(List name, relationship and attach any documents executed by the adult.)

Is there a living will, testamentary will, or other advance directive?

Has the client ever been appointed guardian of the disabled adult by a court? ☐ Y ☐ N

(List name, relationship and attach any court documents)

If this is a successor guardianship, state reason and attach any documents including **Certificate of Death**.

DISABLED ADULT

Name:

Age: Date of Birth:

Current Address:

Where is the disabled adult currently residing?

CVLS must have original copy of the CCP-211 Report of Physician.

Medical Diagnosis / Recommended Treatment / Living Arrangements (attach Doctor's Report form CCP-211*):

Amount and source of gross monthly income:

Anticipated gross yearly income:

Name and relationship of current payee of SSI or Social Security benefits, if anyone:

Assets (real estate and significant personal property):

Does the alleged adult have a driver's license? ☐ Y ☐ N

If yes, do they want to keep it? ☐ Y ☐ N

PLEASE NOTE: BY DEFAULT, ADULT WILL LOSE DRIVER'S LICENSE. IF THE ALLEGED DISABLED ADULT WANTS TO RETAIN ABILITY TO DRIVE, WE WILL NEED THE DOCTOR TO PROVIDE ADDITIONAL INFORMATION ON THE MEDICAL REPORT (CCP-211) REGARDING THE ADULT'S ABILITY TO DRIVE.

Will the alleged disabled person object to client's appointment as guardian? ☐ Y ☐ N

Will anyone contest the guardianship? ☐ Y ☐ N

If so, who is it, what is their relationship to adult, and why will they contest?

NEAREST ADULT RELATIVES OF DISABLED ADULT

Notice must be given to the disabled adult's nearest adult relative(s) 14 days before the Court hearing as follows: Parents, spouse and adult siblings and children, or if none, nearest adult kindred.

List name, addresses and relationships of relatives (include additional on reverse or attachment):

IF THE CLIENT (PROSPECTIVE GUARDIAN) IS NOT ELIGIBLE FOR A CIVIL LEGAL SERVICE PROVIDER WAIVER OF FEES, THEY MUST PREPAY $379.00 IN FILING AND $150 IN SERVICE FEES. THIS INCLUDES THE COST TO SERVE THE DISABLED ADULT, WHICH IS REQUIRED BY STATUTE.

*** If client doesn't have a completed CCP-211, send them or ask a CVLS staff member to send them a blank form and ask them to return it to CVLS after the doctor completes it.**

MEMORANDUM OF CASE

BRIEF SUMMARY: Why has PC contacted CVLS? What does PC ultimately want?

DETAILED SUMMARY:

Please provide a detailed description of the client's legal matter. This summary may include a timeline of events, the parties involved, and your opinion on whether the client would be an appropriate pro bono client. (Organized, sympathetic, difficult).

UPCOMING COURT DATES OR COURT ACTIVITY:

INTERVIEWER NOTES/ADDITIONAL INFORMATION: