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NEW CLIENT INTAKE SHEET - GUARDIANSHIP OF ADULT

DATE: _____ REFERRED BY _____
OR Lawyer Referral & Information Service (LRIS)

In your own words, please briefly explain why you are seeking guardianship of the Adult:

PROPOSED GUARDIAN 1 FULL LEGAL NAME: _____

RELATIONSHIP TO ADULT: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

DRIVERS LICENSE NO. AND STATE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

DATE MOVED TO CLARK COUNTY, NEVADA: _____

RESIDENCE ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____

WORK ADDRESS: _____

- Yes No Have you ever been judicially determined to have committed abuse, neglect or exploitation of a child, spouse, parent or other person?
- Yes No Have you ever been convicted of a felony?
- Yes No Have you ever been suspended for misconduct or disbarred from the practice of law, the practice of accounting or any other profession which involves the management or sale of money, investments, securities or real property and requires licensure in Nevada or any other state?
- Yes No Are you a private professional guardian?
- Yes No Are you currently receiving compensation for services as a guardian to more than one ward who is not related to you by blood or marriage?
- Yes No Is the guardianship sought for the purpose of initiating litigation?
- Yes No Have you ever been appointed as guardian over the adult in a state other than Nevada?

COMMUNICATION FROM THIS OFFICE MAY CONTAIN PRIVILEGED AND CONFIDENTIAL INFORMATION. AS SUCH, PLEASE INDICATE YOUR PREFERRED MANNER OF RECEIPT:

U.S. MAIL (HOME) U.S. MAIL (WORK) E-MAIL

PROPOSED GUARDIAN 2 FULL LEGAL NAME: _____
RELATIONSHIP TO ADULT: _____
SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____
DRIVERS LICENSE NO. AND STATE: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ FAX: _____
E-MAIL ADDRESS: _____
DATE MOVED TO CLARK COUNTY, NEVADA: _____
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EMPLOYER: _____ OCCUPATION: _____
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INFORMATION REGARDING ADULT:

FULL LEGAL NAME: _____ SEX: M/F
DATE OF BIRTH/AGE: _____ SOCIAL SECURITY NO.: _____
DATE MOVED TO CLARK COUNTY, NEVADA: _____
RESIDENCE ADDRESS: _____

- Yes No Does the Adult have assets? If yes, Type and Value:
 Yes No Does the Adult have income? If yes, Type and Value:
 Yes No Does the Adult receive any money from the Department of Veterans Affairs? If yes, amount?
 Yes No Is the Adult a party to any pending criminal or civil litigation?

Did the Adult execute any of the following: (If yes, please provide copies.)

- Yes No Revocable/living trust. The agent is: _____
 Yes No Durable power of attorney for health care. The agent is: _____
 Yes No Durable power of attorney for financial matters. The agent is: _____
 Yes No Written nomination of guardian. The agent is: _____
 Yes No None of the above.

INFORMATION REGARDING THE ADULT'S RELATIVES

ADULT'S MOTHER/PARENT FULL LEGAL NAME: _____
MAILING ADDRESS: _____

ADULT'S **FATHER/PARENT** FULL LEGAL NAME: _____

MAILING ADDRESS: _____

ADULT'S **MATERNAL GRANDMOTHER** FULL LEGAL NAME: _____

MAILING ADDRESS: _____

ADULT'S **MATERNAL GRANDFATHER** FULL LEGAL NAME: _____

MAILING ADDRESS: _____

ADULT'S **PATERNAL GRANDMOTHER** FULL LEGAL NAME: _____

MAILING ADDRESS: _____

ADULT'S **PATERNAL GRANDFATHER** FULL LEGAL NAME: _____

MAILING ADDRESS: _____

ADULT'S SIBLINGS WHO ARE 14 YEARS OF AGE OR OLDER:

FULL LEGAL NAME: _____

MAILING ADDRESS: _____

FULL LEGAL NAME: _____

MAILING ADDRESS: _____

FULL LEGAL NAME: _____

MAILING ADDRESS: _____

ADULT'S ADULT CHILDREN:

FULL LEGAL NAME: _____

MAILING ADDRESS: _____

FULL LEGAL NAME: _____

MAILING ADDRESS: _____

FULL LEGAL NAME: _____

MAILING ADDRESS: _____

OTHER INFORMATION YOU WISH TO BRING TO MY ATTENTION:

EMERGENCY CONTACT:

Name (First, Last)	Relationship	Address	Telephone