

# REFERRAL FOR VOLUNTEER GUARDIAN OF INCOMPETENT ADULT

## GENERAL INFORMATION

Name of Referring Party

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Relationship to Prospective Ward

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Address

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Is this request for:

\_\_\_\_\_ Emergency Guardianship

\_\_\_\_\_ Short-Term Guardianship

\_\_\_\_\_ Long-Term Guardianship

Reason for guardianship request:

## WARD INFORMATION

Last Name

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First Name

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Address

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Ward's Date of Birth: \_\_\_\_\_

What is the Ward's sex?

Male  
 Female

Does the Ward have a current guardian?

Yes  
 No

Is Ward agreeable to guardianship?

Yes  
 No

#### NEXT OF KIN

Next of Kin Information – If there are more than 3, please attach an addition sheet with those details

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_

#### FAMILY INVOLVEMENT

Describe recent level of family involvement:

#### WARD'S PHYSICIAN

Physician Name & Address

WARD'S PHYSICIAN ADDRESS

Line 1 \_\_\_\_\_  
Line 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Describe Ward's medical diagnosis and level of functioning (physical, cognitive, decision making ability, personality). Please provide a detailed description as this information will be used to make a successful Ward-Guardian match.

Is a completed Statement of Expert Evaluation attached?

Yes \_\_\_\_\_

No \_\_\_\_\_

If No, explain why.