



**Kara H. Daley**  
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1717 NW Grant Avenue, Corvallis, Oregon 97330

## GUARDIAN / CONSERVATOR INTAKE FORM

### Information about the person who needs a guardian and/or a conservator:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Current Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Name of Social Worker: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If in a hospital or care facility, date admitted: \_\_\_\_\_

### Information about the person's spouse:

Check here if the person is not married

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_

### If the person lives with a domestic partner, friend, or relative, please provide information about him/her:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age:  18 or older  Under 18 years



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**Information about the parents, all adult children and any person who is cohabiting with, living with, or is interested in the affairs or welfare of the person in need of a guardian and/or conservator:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Age: 18 or older Under 18 years

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Age: 18 or older Under 18 years

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Age: 18 or older Under 18 years  
(If more space is needed, add information on the back of this page)

**Previous Guardianship/Conservatorship**

Has there been a guardian or conservator for the person before? Yes No

Has the person ever signed a power of attorney, advance directive for health care, trust or other document naming someone to make financial, medical or personal decisions? Yes No

If yes, please provide copies of all documents.

If yes, who was named to make decisions?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Type of document or decision maker: \_\_\_\_\_



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**Information about the person's current doctor(s):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Information about the person's lawyer(s):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Briefly describe the person's physical and mental condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the person need help making medical and health care decisions? Yes No  
If yes, please give examples showing why the person needs this type of help:

\_\_\_\_\_  
\_\_\_\_\_



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Does the person need help to take care of basic physical needs like food, shelter, clothing and personal cleanliness? Yes No

If yes, please give examples showing why the person needs this type of help: \_\_\_\_\_

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Does the person need to stay in a care facility, or be moved to a care facility? Yes No

If yes, please give examples showing why the person needs to be in a care facility:

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Does the person need help with other problems? Yes No

If yes, please describe the other problems:

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**What other kinds of help and services have been tried in the past year?**

[For example, help with housekeeping or bathing; someone setting up the medication or balancing the checkbook; medical or mental health treatment].

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Does the person need help making decisions about finances and property? Yes No

If yes, please give examples showing why the person needs this type of help: \_\_\_\_\_

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**Who else has personal experience with the situations you described?**

[For example, caregivers, case managers, other family members, friends and neighbors]

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Is there an immediate, life-threatening problem?** Yes No

If yes, what is the harm that will come to the person if there is not an emergency guardianship or conservatorship? \_\_\_\_\_  
\_\_\_\_\_

**The court requires sworn statements from people with personal knowledge of the emergency situation. Who would be willing and able to provide those statements?**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_



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**Who should be the guardian and/or conservator?**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Has the proposed guardian and/or conservator filed for bankruptcy, been convicted of a crime, or had any occupational or professional license revoked? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Petitioner Information (person filling out this form):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Has the petitioner filed for bankruptcy, been convicted of a crime, or had any occupational or professional license revoked? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_



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**Information about the income and assets of the person who needs a guardian and/or a conservator:**

INCOME: (Gross)

Source: _____	Monthly Amount: \$ _____
Source: _____	Monthly Amount: \$ _____
Source: _____	Monthly Amount: \$ _____

Does the person have money or other assets worth more than \$10,000? Yes No

Does the person receive benefits from the U.S. Department of Veterans Affairs? Yes No

Does the person receive Medicaid assistance (Oregon Health Plan), food stamps, or other public assistance from the Oregon Department of Human Services? Yes No

Please answer the following questions if the person needs a conservator. *NOTE: A conservator is usually needed if the person who cannot manage his or her finances, has assets worth more than \$10,000 or if money or property has to be recovered.* If the finances are already being managed by someone else, like a trustee, please describe the arrangement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REAL PROPERTY::

Address: _____	Value
	\$ _____
City: _____ State: _____	

Address: _____	Value
	\$ _____
City: _____ State: _____	



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**Bank Accounts:**

Bank or Institution Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Bank or Institution Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

**Brokerage Accounts:**

Broker Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Broker Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

**Retirement Plans/IRA's:**

Company or Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

Company or Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

**Annuities / Company Life Insurance:**

Policy Number: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

**Vehicles:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**OTHER ASSETS:**

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_





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Are there any family members with whom the protected person should not have contact or have only limited contact?

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Are there any other issues we should be aware of?

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Thank you for taking the time to fill out this form. With the above information our meeting will be more productive!