



SUSAN I. JEAN
& ASSOCIATES, LLC

Your information:

Name: _____

Address: _____

Home: _____ Work: _____ Cell: _____

Preferred method of contact: _____

Information on the person you are seeking Guardianship/Conservatorship of:

Name: _____

Address: _____

Date of Birth: _____ Current Age: _____

City and State of Birth: _____

Social Security Number: _____ Hair Color: _____

Eye Color: _____ Weight: _____

U.S. Citizen? Yes / No If no, country of citizenship: _____

Medical Condition(s): _____

Primary Physician's Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Check all that apply, the person I am seeking Guardianship/Conservatorship of has a:

- Last Will & Testament
- Revocable Living Trust
- Financial Power of Attorney
- Living Will
- Medical Power of Attorney
- Existing out-of-state Guardianship and/or Conservatorship
- None of the above

*Please bring these documents to your appointment.

For the person you are seeking Guardianship/Conservatorship of, please provide the following information for his or her spouse, siblings, children and parents. Please attach an additional sheet if necessary.

Name	Relationship	Phone Number	Address

Please complete the Asset Analysis form.