ZACHARIA FREY
ESTATE PLANNING | ELDER LAW | ASSET PROTECTION

Guardianship Intake

Florida adult guardianship, for the person asking the court for help

Please fill in what you can before your consultation. Leave anything you don't know blank and we will go over it together. In this form, "the person" means the adult who may need a guardian. Everything you share with us is confidential.

Type directly into any field, then save the PDF so your answers are kept.

Prepared for

Consultation date

1. About you

Your full legal name

Your relationship to the person

Facility or agency (only if you are completing this for one)

Your title

Phone

Email

Mailing address

City

State

ZIP

How did you hear about us, and who referred you?

Do you want to serve as guardian yourself?

☐ Yes, I would like to serve ☐ No, someone else should serve ☐ Not sure yet

2. The person who needs help

Full legal name, including middle name (as it appears on ID)

Date of birth

Other names used (maiden name, nickname)

Primary language

Marital status

Where does the person live right now?

- ☐ Own home
- ☐ A relative's home
- ☐ Assisted living facility
- ☐ Nursing home
- ☐ Hospital or rehab
- ☐ Other:

Facility or residence name

Date moved there

Street address

City

State

ZIP

County

Phone (if the person has one)

Veteran or surviving spouse of a veteran?

3. Health and current condition

A sentence or two is enough. The court appoints its own examining committee, so we do not need full medical records now.

Diagnoses or conditions that affect memory, judgment, or decision-making

Primary doctor

Practice name

Phone

Doctor's address

Recent hospital stays, rehab, or falls (with approximate dates)

What can the person no longer do safely on their own?

	Yes	No	Not sure
Has a doctor recently evaluated the person's memory or decision-making?	☐	☐	☐
Has there been a Baker Act or Marchman Act proceeding in the last year?	☐	☐	☐
Can the person tell others what they want, even if their judgment is impaired?	☐	☐	☐

4. Why a guardianship now

What is happening that makes you believe a guardian is needed?

Is anything urgent? Check all that apply.

- ☐ The person's health or safety is in immediate danger
- ☐ Suspected exploitation, abuse, or neglect
- ☐ A medical decision must be made soon
- ☐ An unpaid facility or care bill is growing
- ☐ Money or property is being lost, wasted, or taken
- ☐ A facility discharge or eviction is pending
- ☐ A Medicaid application or deadline is pending
- ☐ Nothing is urgent right now

If anything is urgent, describe what happened and when. Specific dates and events matter.

	Yes	No	Not sure
Has anyone made a report to Adult Protective Services, the police, or a bank?	☐	☐	☐

If yes, who reported, to whom, and when?

5. What the person can still do

Florida courts remove only the rights a person can no longer exercise, and look first at whether a limited guardianship will do. Tell us what you have seen. "Not sure" is a fine answer.

	Can handle	Needs help	Not sure
Sign contracts and agreements	☐	☐	☐
Bring or defend a lawsuit	☐	☐	☐
Apply for benefits (Social Security, Medicaid, VA)	☐	☐	☐
Manage money and property, or make gifts	☐	☐	☐
Decide where to live	☐	☐	☐
Consent to medical and mental health treatment	☐	☐	☐
Decide on social life, visitors, and activities	☐	☐	☐
Marry	☐	☐	☐
Vote	☐	☐	☐
Drive	☐	☐	☐
Travel	☐	☐	☐
Work or keep a job	☐	☐	☐

☐ The person's mind is clear, but because of age or physical limits they want someone to manage their money and property.

6. Planning documents already in place

A valid power of attorney or health care surrogate can sometimes avoid a guardianship. Tell us what exists, even if you think it won't help.

Document	Has one	Date signed	Person named to act	Copy available
Durable power of attorney	☐			☐
Health care surrogate	☐			☐
Living will	☐			☐
Revocable trust	☐			☐
Preneed guardian designation	☐			☐
Last will	☐			☐
	☐			☐

Use the last row for any other document; write its name in the first box.

Is each person named above willing and able to act? If not, why not?

Any concerns about how an agent, surrogate, or trustee has handled things?

7. Who should serve as guardian

Proposed guardian's full name

Relationship to the person

Phone

Email

Mailing address

City	State	ZIP

This person is a:

- ☐ Family member or friend
- ☐ Professional guardian
- ☐ Public guardian program
- ☐ Please recommend someone

A guardian who lives outside Florida generally must be a close relative of the person. These questions help us confirm the proposed guardian can be appointed.

	Yes	No	Not sure
Does the proposed guardian live in Florida?	☐	☐	☐
Has the proposed guardian ever been convicted of a felony?	☐	☐	☐
Does the proposed guardian owe money to the person, or is the person owed money by them?	☐	☐	☐
Is the proposed guardian paid to provide care or services to the person?	☐	☐	☐
Will they complete fingerprinting, credit and background checks, and the required guardianship course?	☐	☐	☐

Backup guardian, if you have one in mind

Full name	Relationship	Phone

Has anyone been asked to serve and declined? Who, and why?

8. Family and next of kin

*The court requires notice to the person's spouse, children, and other close relatives. List everyone you know of, including people you are not in touch with. *Year of birth only for anyone under 18.*

Name	Relationship	Address	Phone or email	Agrees?	Birth yr*

Is anyone likely to object to the guardianship or to the proposed guardian? Explain.

9. Monthly income

Approximate amounts are fine.

Source	Amount per month	Deposited to (bank and account)
Social Security		
Pension		
VA benefits		
Annuity		
Rental income		
Other		

Who pays the person's bills now?

Representative payee for Social Security? Who?

10. Assets and debts

Approximate values are fine. List accounts in the person's name alone or jointly with someone else.

Real estate

Property address	County	Titled to	Lives there?	Approx. value

Bank accounts (checking, savings, CDs)

Institution	Last 4 digits	Owned by	Approx. balance

Investment and retirement accounts (brokerage, IRA, 401(k), TSP)

Institution and type	Owner	Beneficiary	Approx. value

Vehicles

Year, make, model	Titled to	Approx. value

Life insurance, annuities, and prepaid funeral

Company	Type	Beneficiary	Value

☐ The person has a safe deposit box

Bank and branch where the box is kept

Who else has access?

Anything else of value (business interest, money owed to the person, collections)

Debts and unpaid bills, including facility bills

Owed to	Approx. amount	Notes

11. Medicaid and long-term care

Medicaid status

- ☐ Not applied
- ☐ Planning to apply
- ☐ Application pending
- ☐ Approved
- ☐ Denied or closed
- ☐ Not sure

Type of coverage

- ☐ Nursing home (Institutional Care Program)
- ☐ Home or assisted living (Long-Term Care Waiver)
- ☐ Not sure

DCF case number

Application date

Caseworker name and phone

Facility business office contact

Phone

	Yes	No	Not sure
Has a Qualified Income Trust (Miller trust) already been set up?	☐	☐	☐
Does the person have long-term care insurance?	☐	☐	☐

12. Before your consultation

If you have these, please send copies ahead or bring them with you.

- ☐ Power of attorney, health care surrogate, living will, trust, or preneed guardian designation
- ☐ A doctor's letter or recent records about memory or decision-making
- ☐ The person's photo ID and Medicare and insurance cards
- ☐ Recent bank and investment statements
- ☐ Deeds, vehicle titles, and life insurance policies
- ☐ Facility notices, discharge papers, or Medicaid letters
- ☐ Any report made to Adult Protective Services or the police
- ☐ Contact information for the relatives listed above

13. Anything else you'd like us to know

In your own words

Completed by

Signature (type your name)

Date

I believe the information above is accurate to the best of my knowledge.

Return this form

Save this form after filling it in, so your answers are kept, then send the saved copy.

Email: intake@zacfreylaw.com

Phone: (239) 345-4545

Mail: Zacharia Frey PLLC, 26811 South Bay Drive, Suite 270, Bonita Springs, FL 34134

For office use

Form ID

Received

Completed by (staff)

County of venue

Matter number

Conflict check (date / initials)

Type of guardianship to evaluate

- ☐ Plenary
- ☐ Limited
- ☐ Emergency temporary (ETG)
- ☐ Voluntary

Proposed guardian category

- ☐ Family / non-professional
- ☐ Registered professional
- ☐ Public guardian program

Flags

- ☐ Fee and cost waiver (public guardian, § 744.2008)
- ☐ QIT petition likely
- ☐ Pooled trust joinder likely
- ☐ Existing POA or surrogate may be sufficient
- ☐ Preneed guardian designation on file
- ☐ Out-of-county venue

Staff notes / items to confirm at consultation