



**This is a do it yourself process, by filling out this questionnaire you are filling out your Guardianship documents yourself, you and the maternal parent(s) are agreeing to complete the pro se Guardianship process on your own. We do not give legal advice, file documents, or aid in any way besides preparing your guardianship documents using your answers from our questionnaire. Once the parties agree to all terms of the pro se guardianship process we will be able to prepare your documents.**

## **Questionnaire for Guardianship of Adults**

1. Name of Person Filing for Guardianship:\_\_\_\_\_.

2. Physical Address and Mailing Address of Person filing for

Guardianship:\_\_\_\_\_

\_\_\_\_\_.

3. What is the residence (place you live) of the person filing for Guardianship:

\_\_\_\_\_.

4. What is the relationship of the Person Filing for Guardianship to the Adult(s) needing guardianship:\_\_\_\_\_.

5. What is the reason for wanting Guardianship:

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\_\_\_\_\_

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6. Name, Date/Place of Birth, of Adult(s) needing Guardianship:

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7. Physical and Mailing Address of Adult(s) needing Guardianship:

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8. Residence of each Adult(s) needing Guardianship:

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9. Name of other relatives who might want Guardianship:

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10. Relative(s), Physical & Mailing Address, and phone number who has rights to also file for  
Guardianship if any:

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11. Name of Person(s) who currently has guardianship or custody of Adult(s):

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12. Who does Adult(s) currently live with: \_\_\_\_\_.

13. If DIFFERENT FROM PERSON FILING, WHAT IS THE PHYSICAL AND MAILING  
ADDRESS OF THE PERSON(S) Adult(s) CURRENTLY LIVE WITH:

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14. Doctor's Name, Address and Phone number who cared for Adult.

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15. Make sure you have the doctors information on the Adult needing Guardianship.

16. Condition of Adult needing Guardianship:

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17. Your telephone number: \_\_\_\_\_

18. Your email address: \_\_\_\_\_