

GUAM FAMILY LAW OFFICE

Attorney William (Bill) Pesch
173 Aspinall Ave., Suite 203, Hagatna, Guam 96910
Phone: 472-8472; Fax: 477-5873
Email: guamfamilylawoffice@gmail.com
Website: GuamFamilyLawOffice.com

WORKSHEET FOR GUARDIANSHIP OVER AN ADULT

A. Information about disabled adult

- Adult's full name: _____

Last	First	Middle
------	-------	--------
- Date of birth: _____
- Residential address: _____
- Marital status of adult: _____
- Name of spouse (if living): _____
Mailing address of spouse: _____
- If Adult has adult children, provide name and mailing address of each child:
 1. Name: _____
Address: _____
 2. Name: _____
Address: _____

(USE BACK IF YOU NEED MORE SPACE)
- If Adult has no adult children, but has brothers and/or sisters, provide the name and mailing address of each:
 1. Name: _____
Address: _____
 2. Name: _____
Address: _____

(USE BACK IF YOU NEED MORE SPACE)
- Briefly described why you believe the adult needs a guardian: _____

- Name of the adult's treating physician? _____
- Phone number of treating physician: _____
- Describe the doctor's evaluation of the adult: _____

- What assets does the adult have?
 1. Real property description and location: _____

 2. Automobiles: _____
 3. Retirement benefits; monthly amounts and sources:

 4. Bank accounts and balance of each account:
 - a. _____
 - b. _____
 - c. _____
 5. List all life insurance policies including the company and face value of the policy(ies) _____

- What debts does the adult have and the amount of monthly payments for each (This includes such things as car payments, mortgages, credit cards, loans, etc):
 1. _____
 2. _____
 3. _____
 4. _____
- What other monthly expenses does s/he have? (Include all utilities)

B. Information about proposed Guardian(s):

- Name(s) of Proposed Guardians(s)

1. _____
Last First Middle
- Date of birth: _____
- Relationship to Adult: _____
- Mailing address: _____
- Phone numbers: _____
- Is proposed Guardian related to the disabled adult? [] Yes [] No
- If yes, how is Guardian related? _____

2. _____
Last First Middle
- Date of birth: _____
- Relationship to Adult: _____
- Mailing address: _____
- Phone numbers: _____
- Is proposed Guardian related to the disabled adult? [] Yes [] No
- If yes, how is Guardian related? _____

- Why should this person(s) be appointed guardian? _____

- Do you anticipate that any relative of the adult will contest the selection of this guardian(s): [] YES [] NO

- If the answer is yes, provide the name of the objecting person and the basis of for the objection: _____

C. Documents that you will need to submit: A letter from a doctor who verifies the disability and the fact that because of the disability the person is "unable, unassisted, properly to manage and take care of himself or his property, and by reason thereof is likely to be deceived or imposed upon by artful or designing persons"; birth certificate; all deeds to property; title of ownership to all vehicles; life insurance policy(ies); latest bank statement for all accounts; latest statements for all bills; latest retirement statement.

D. How did you find out about the Guam Family Law Office?

Newspaper

From the internet

From sign on building

Referral by _____

Other (Please explain): _____
