



5. Name, address and phone number of proposed guardian:

Name of proposed guardian: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

6. Name, address and phone number of stand-by guardian:

Name of proposed guardian: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

7. Name, address and phone number of SUCCESSOR guardian:

Name of proposed guardian: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

8. Do any alternate decision making documents exist?

\_\_\_\_\_ None

\_\_\_\_\_ **Power of Attorney-Health Care & Financial**  
Activated? Yes No

\_\_\_\_\_ **Power of Attorney-Health Care Only**  
Activated? Yes No

\_\_\_\_\_ **Power of Attorney-Financial Only**  
Activated? Yes No

\_\_\_\_\_ **Representative Payee**

\_\_\_\_\_ **Supported Decision-Making Agreement**

\_\_\_\_\_ **Conservatorship**

\_\_\_\_\_ **Other:** \_\_\_\_\_

Email address for any power of attorneys: \_\_\_\_\_

**Attachments Needed:**

- Examining Physician's or Psychologist's Report  
Assessing for incompetency (WI form GN-3130)
- Financial Information/Declaration of Income and Assets  
Form completed in full
- Copies of any alternate decision making documents  
Listed in #8

**For developmentally disabled, degenerative brain disorder, other like incapacity referrals please call ADRC at 877-886-2372 and fax completed referral form and other necessary attachments to fax # (920) 424-7521.**

**For serious and persistent mental illness or alcohol/drug related referrals please call Winnebago County Crisis Center at 920-233-7707.**

**For office use only:**

Petitioner name: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FINANCIAL INFORMATION/DECLARATION OF INCOME AND ASSETS

INCOME: (GROSS MONTHLY)		ASSETS			
	CLIENT	SPOUSE	CLIENT	SPOUSE	JOINT
1) WAGES OR SALARY	\$	\$	\$	\$	\$
2) NET INCOME FROM SELF EMPLOYMENT	\$	\$	\$	\$	\$
3) SOCIAL SECURITY	\$	\$	\$	\$	\$
4) SSI/SSI-E	\$	\$	\$	\$	\$
5) VETERANS PENSIONS	\$	\$	\$	\$	\$
6) PENSION/ANNUITIES	\$	\$	\$	\$	\$
7) INTEREST INCOME	\$	\$	\$	\$	\$
8) ESTATE/TRUST INCOME	\$	\$	\$	\$	\$
9) NET "RENTAL INCOME"	\$	\$	\$	\$	\$
10) WORKMAN'S COMP	\$	\$	\$	\$	\$
11) UNEMPLOYMENT COMP	\$	\$	\$	\$	\$
12) ALIMONY/SPOUSAL SUP/ CHILD SUPPORT	\$	\$	\$	\$	\$
13) OTHER	\$	\$	\$	\$	\$
<b>JOINT TOTAL INCOME \$</b>			<b>JOINT TOTAL ASSETS \$</b>		
<b>DO YOU HAVE?</b>					
A MARKER	YES	NO	VAULT TRUST AMT \$		
CASKET TRUST AMT	\$				
BURIAL PLOT	YES	NO	LOCATION:		
IRREVOCABLE BURIAL TRUST AMT \$			NAME OF FUNERAL HOME		
HAS THE CLIENT OR THEIR SPOUSE GIVEN AWAY ANY PROPERTY (SUCH AS LAND, STOCKS, BONDS, CASH, ETC) IN THE LAST SIXTY SIXTY (60) MONTHS INCLUDING TRANSFER OF PROPERTY TO CHILDREN, RELATIVES, OR OTHER PERSONS? YES _____ NO _____					
NAME OF PERSON COMPLETING THIS FORM _____					
RELATIONSHIP TO CLIENT _____					

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE