GUARDIANSHIP INFORMATION FORM

Circuit Court of _____

1. Incap. Person full name _____
2. SSN:_____ Age: _____ [ ] Married [ ] Single [ ] Divorced [ ] Widowed
3. Incap. Person last Residence address_____

   _____ Juris: _____
4. Date of birth _____Place:_____
5. Requested action: appointment of [ ] guardian [ ] conservator [ ] curator
6. Name of GUARDIAN _____
7. Day telephone _____Night telephone _____
8. Residence address _____

   _____
9. Mailing address, if different _____

   _____
10. Court Order is [ ] attached [ ] Pending – Hearing [ ] HELD [ ] Scheduled for _____

    [ ] other_____
11. Name of CONSERVATOR [ ] same as above [ ] _____
12. Day telephone _____Night telephone _____
13. Residence address _____

    _____
14. Mailing address, if different _____

    _____
15. Name, address & phone of assisting attorney,

PROPOSED FIDUCIARY:

Person under a disability? [ ] yes [ ] no

Convicted of a felony? [ ] yes [ ] no.

Filed for bankruptcy? [ ] yes [ ] no.

Attorney in Virginia or elsewhere? [ ] yes [ ] no.
(if yes, and **not** active Virginia State Bar, explain.)

Credit? [ ] Good [ ] Fair [ ] Poor [ ] Unpaid Civil Judgments

Appt Date/Time:_____

Bond: NO SURETY SURETY Amount Range From:_____ To: _____

SSN:_____ Called: _____