



WILLIS & CAGLE LAW FIRM

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CLIENT INTAKE FORM ADULT GUARDIANSHIP

CLIENT INFORMATION

Legal Name (Last, First, Middle)

Date of Birth

Current Address (Street, City, State, ZIP)

Telephone Number

Best Time of Day to Reach You

Email Address

Employer Name

Employer Phone Number

Employer Address

Occupation / Position

The information above should reflect the proposed guardian (petitioner). Information about the proposed ward is requested below.

PROPOSED WARD INFORMATION

Full Legal Name

Date of Birth

Current Address / Living Situation (Home, Assisted Living, Care Facility, etc.)

Prefer to complete your form by hand? Print the form and bring it to your meeting or contact our office at (918) 876-5605 and we'll have one ready for you at your appointment.

Relationship of Proposed Ward to You

BASIS FOR GUARDIANSHIP

Nature of Incapacity (e.g., dementia, developmental disability, traumatic injury) and how it affects the proposed ward's ability to manage personal or financial affairs

Treating Physician Name

Physician Phone/Address

Type of Guardianship Sought (Guardian of the Person / Guardian of the Estate / Both / Limited)

NEXT OF KIN (NOTICE REQUIRED UNDER OKLAHOMA LAW)

Oklahoma guardianship proceedings require notice to the proposed ward's spouse, adult children, parents, and/or nearest relatives. Please list all known next of kin.

Name	Relationship	Address	Phone Number

ADDITIONAL INFORMATION

Does the proposed ward have an existing Power of Attorney, Advance Directive, or prior guardianship? (Yes / No — if yes, please describe)

Approximate Value and Description of Proposed Ward's Assets/Income (if Guardianship of the Estate is sought)