

TIMOTHY M. AYRES, LLC

Timothy M. Ayres, Esquire

Tonilyn Chippie Kargo, Esquire

Lauren Cascino Presser, Esquire

Date: _____

Who is attending the appointment today? _____

Who completed this form? _____

Type of appointment: Guardianship

CLIENT'S PERSONAL INFORMATION:

Client's Name (the incapacitated person):

Proposed Guardian's Name

(First) (Middle) (Last)

(First) (Middle) (Last)

Address: _____

Address: _____

Township/Borough: _____

Township/Borough: _____

Home Phone: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

E-mail: _____

E-mail: _____

Date of Birth: _____

Date of Birth: _____

SSN: _____

SSN: _____

Primary Care Physician: _____

Height: _____ Weight (approx.): _____ Eye Color: _____

Hair Color: _____ Ethnicity: _____

***WHERE WOULD YOU LIKE US TO SEND INVOICES AND OTHER CORRESPONDENCES?**

c/o: _____

Address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Email: _____

INCAPACITATED PERSON'S CHILDREN / NEXT OF KIN

Please provide full legal names. List predeceased children.

1. Name/Age: _____ Contact Number: (____) _____

Spouse's Name: _____

Address: _____

Children's Names/Ages: _____

2. Name/Age: _____ Contact Number: (____) _____

Spouse's Name: _____

Address: _____

Children's Names/Ages: _____

3. Name/Age: _____ Contact Number: (____) _____

Spouse's Name: _____

Address: _____

Children's Names/Ages: _____

4. Name/Age: _____ Contact Number: (____) _____

Spouse's Name: _____

Address: _____

Children's Names/Ages: _____

May we speak with your children, if necessary? Yes No

How were you referred to us? (Check one): EZ-to-Use Directory Tribune Democrat
Friend (Name _____) TV Ad Website Facebook
Attorney (Name) _____