KraftGuard LLC
LEGAL SERVICES

PERSONAL INFORMATION FORM

Please complete this form and bring it to your initial meeting. All content provided is considered ***CONFIDENTIAL INFORMATION*** and will not be shared.

2 North Systems Drive, Appleton, WI 54914 Phone (920) 217-0932 Fax (920) 278-1486 KraftGuard.com

Date Completed ____ /____ /____ **Completed By** _____

GUARDIAN'S INFORMATION

First Name _____ Middle Name _____

Last Name_____

Name Used to Sign Legal Documents (please print) _____

Birth Date ____ /____ /____ Age _____

Phone _____ Email _____

Home Address _____

City _____ State _____ Zip _____ County _____

SECOND GUARDIAN (OPTIONAL)

☐ **Co-Guardian:** A co-guardian is someone who acts as guardian along with another guardian.

☐ **Standby Guardian:** A stand-by guardian is someone who becomes guardian at some later date when the original guardian is no longer able to serve as the ward's guardian.

☐ **Successor Guardian:** A successor guardian is someone who is currently seeking to replace the current guardian.

First Name _____ Middle Name _____

Last Name_____

Name Used to Sign Legal Documents (please print) _____

Birth Date ____ /____ /____ Age _____

Phone _____ Email _____

Home Address _____

City _____ State _____ Zip _____ County _____

Who would you prefer we contact with questions? _____

Preferred method of contact (e.g. phone, email, etc.) _____

WARD (THE INDIVIDUAL TO BE PROTECTED BY THE GUARDIANSHIP)

Child of: ☐ Both ☐ Adopted ☐ _____ Only

First Name _____ Middle Name _____

Last Name _____

Gender: ☐ Male ☐ Female Birth Date ____ /____ /____ Age _____

Phone _____ Email _____

Home Address _____

City _____ State _____ Zip _____

Employer _____ Occupation _____

Special Needs: ☐ Medical ☐ Educational ☐ Financial

Diagnoses _____

_____

Have they served in the military? ☐ Yes ☐ No

Name Used in Military _____ Date Entering Service ____ /____ /____

Branch _____ Date of Discharge ____ /____ /____

Marital Status: ☐ Married ☐ Divorced ☐ Widowed ☐ Single

If Married, Spouse's Name _____

Do they have children? ☐ Yes ☐ No

INTERESTED PARTIES

Relation to the ward may be parent, spouse, adult children, adult sibling, children of deceased child.

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

WARD'S ESTIMATED ASSETS

This information is not required prior to our initial meeting or to file for guardianship. A full accounting of the ward's assets will be required within 60 days of the final guardianship hearing.

Assets	**Approximate Values**
Primary Home	$_____
Current Mortgage? ☐ No ☐ Yes, balance:	$_____
Other Real Estate	$_____
Current Mortgage? ☐ No ☐ Yes, balance:	$_____
Business Interests	$_____
Checking Accounts/Money Market Accounts	$_____
Regular Savings Account	$_____
Certificates of Deposit	$_____
Stocks/Bonds/Mutual Funds	$_____
Annuities	$_____
	$_____
Life Insurance	
You	$_____
Spouse	$_____
IRA/401K/Retirement Accounts	
You	$_____
Spouse	$_____
Autos/Boats/RVs, etc.	$_____
Personal Property	$_____
Collectible Loans or other money due to you	$_____
Expected Inheritance	$_____
Total Assets (add everything up, except mortgages)	$_____
How much do you owe right now? (total mortgages, loans, etc.)	$_____
Net Worth (subtract the two)	$_____

SERVICE AND CARE PROVIDERS

Titles may include primary care physician, nursing care, specialty care, etc.

Name _____ Title _____
Phone _____ Business _____

Name _____ Title _____
Phone _____ Business _____

Name _____ Title _____
Phone _____ Business _____

Name _____ Title _____
Phone _____ Business _____

Name _____ Title _____
Phone _____ Business _____

Name _____ Title _____
Phone _____ Business _____

Name _____ Title _____
Phone _____ Business _____

Name _____ Title _____
Phone _____ Business _____

Name _____ Title _____
Phone _____ Business _____

Name _____ Title _____
Phone _____ Business _____

Name _____ Title _____
Phone _____ Business _____

Name _____ Title _____
Phone _____ Business _____

Name _____ Title _____
Phone _____ Business _____

Name _____ Title _____
Phone _____ Business _____