



Office of the Public Guardian

Supreme Court of Guam

Guam Judicial Center • 120 West O'Brien Drive, Suite 300 • Hagåtña, Guam 96910
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HON. ROBERT J. TORRES
CHIEF JUSTICE

HON. ALBERTO C. LAMORENA, III
PRESIDING JUDGE

ANDREW T. PEREZ ESQ.
PUBLIC GUARDIAN

INTAKE GENERAL INFORMATION SHEET

THIS FORM MUST BE THOROUGHLY COMPLETED. PLEASE PRINT OR TYPE.

REFERRAL SOURCE			
OPG No:		Required Documents Needed	
Referral Date:		<input type="checkbox"/> Gov. issued ID of Proposed Ward	
Referred By:		<input type="checkbox"/> Gov. issued ID of Proposed Guardian(s)	
Agency (if applicable):		<input type="checkbox"/> Guardianship Plan	
Contact No:		<input type="checkbox"/> Medical Evaluation	
Email:		<input type="checkbox"/> Consent(s) submitted by Family	
Proposed Client Name:			
Client Status: <input type="checkbox"/> New <input type="checkbox"/> Active <input type="checkbox"/> Former Client		Client Type: <input type="checkbox"/> Elderly <input type="checkbox"/> Adult with Disability <input type="checkbox"/> Dual	
Reason for Referral: <input type="checkbox"/> No placement <input type="checkbox"/> Homeless <input type="checkbox"/> No family support <input type="checkbox"/> APS Referral – Referral Date:			
<input type="checkbox"/> Other (please specify):			
Reason for Guardianship:			
<input type="checkbox"/> Unable to manage personal care			
<input type="checkbox"/> Unable to manage finances due to cognitive or functional limitations			
<input type="checkbox"/> Unable to make personal decisions regarding safety, living arrangements, or daily care			
<input type="checkbox"/> Difficulty in managing healthcare needs independently			
<input type="checkbox"/> Memory or judgement impairments affecting informed decision-making			
<input type="checkbox"/> Vulnerability to exploitation, abuse, or neglect			
Brief Background:			
PROPOSED WARD INFORMATION			
Height:	Weight:	Eye Color:	Hair Color:
Date of Birth:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No:
Military Service: <input type="checkbox"/> Never served <input type="checkbox"/> Veteran		Branch:	Discharge Type:
Highest Level of Education Completed: <input type="checkbox"/> Elementary school <input type="checkbox"/> Middle school <input type="checkbox"/> Some high-school			
<input type="checkbox"/> High-school diploma or GED <input type="checkbox"/> Some college <input type="checkbox"/> College degree/Higher			
Race: <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White			
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other (please specify):			

Ethnicity: <input type="checkbox"/> CHamoru <input type="checkbox"/> Filipino <input type="checkbox"/> Palauan <input type="checkbox"/> Chuukese <input type="checkbox"/> Other (please specify):				
Primary Language(s):			Preferred Language(s): <input type="checkbox"/> Interpreter required	
Occupation History:				
Mobility Status: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Uses Mobility Device(s) <input type="checkbox"/> Bedbound				
Mobility Device(s): <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> E-Scooter <input type="checkbox"/> Other (please specify):				
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law /domestic partnership				
Spouse's Full Legal Name:				Age:
Date of Marriage:		Place of Marriage:		
Spouse's Address:				
Number of Marriages:		Former Spouse's Name:		
Separation/Divorce Date:			Former spouse deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Children:		If Applicable, list name of children below.		
Full Name	DOB	Age	Contact No/Email	Address
Other Relatives				
Full Name	DOB	Age	Contact No/Email	Address
Emergency Contact				
Full Name:			DOB:	Age:
Contact No:			Email Address:	
Mailing Address:			Physical Address:	
SEE PAGE 5 FOR MORE SPACE				
Daily Living Skills Assessment				
(Select all activities the proposed ward can complete. If they can complete all listed, select "No known deficit.")				

Basic Activities of Daily Living	<input type="checkbox"/> eating <input type="checkbox"/> feeding <input type="checkbox"/> bathing <input type="checkbox"/> dressing <input type="checkbox"/> toileting <input type="checkbox"/> grooming <input type="checkbox"/> No known deficit		
Instrumental Activities of Daily Living	<input type="checkbox"/> meal preparation <input type="checkbox"/> housekeeping <input type="checkbox"/> shopping <input type="checkbox"/> personal finances <input type="checkbox"/> managing medications <input type="checkbox"/> arranging transport <input type="checkbox"/> telephone/internet use <input type="checkbox"/> No known deficit		
Residential/Placement Information			
Current Living Arrangement: <input type="checkbox"/> Private Residence (House/Apartment) <input type="checkbox"/> Residential Care Facility <input type="checkbox"/> Group Home <input type="checkbox"/> Hospital <input type="checkbox"/> Homeless <input type="checkbox"/> Other (please specify):			
Returning home? <input type="checkbox"/> Yes <input type="checkbox"/> No		With Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Placement Address:			
If currently placed in a facility or hospital:			
Hospital/Facility Name:		Date of Admission:	
Name of Social Worker:		Contact No:	
Email Address:			
PROPOSED GUARDIAN INFORMATION			
Guardian 's Full Name:		Age:	DOB:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to ward: <input type="checkbox"/> Spouse <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other (please specify):		
Highest Level of Education Completed: <input type="checkbox"/> Elementary school <input type="checkbox"/> Middle school <input type="checkbox"/> Some high-school <input type="checkbox"/> High-school diploma or GED <input type="checkbox"/> Some college <input type="checkbox"/> College degree/Higher			
Race: <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other (please specify):			
Ethnicity: <input type="checkbox"/> CHamoru <input type="checkbox"/> Filipino <input type="checkbox"/> Palauan <input type="checkbox"/> Chuukese <input type="checkbox"/> Other (please specify):			
Occupation History:			
Primary Language(s):		Preferred Language(s): <input type="checkbox"/> Interpreter required	
Contact No:		Email Address:	
Home Address:			
Mailing Address:			<input type="checkbox"/> Same as physical
PROPOSED GUARDIAN INFORMATION			
Guardian 2's Full Name:		Age:	DOB:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to ward: <input type="checkbox"/> Spouse <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other (please specify):		
Highest Level of Education Completed: <input type="checkbox"/> Elementary school <input type="checkbox"/> Middle school <input type="checkbox"/> Some high-school <input type="checkbox"/> High-school diploma or GED <input type="checkbox"/> Some college <input type="checkbox"/> College degree/Higher			
Race: <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other (please specify):			

Ethnicity: <input type="checkbox"/> CHamoru <input type="checkbox"/> Filipino <input type="checkbox"/> Palauan <input type="checkbox"/> Chuukese <input type="checkbox"/> Other (please specify):			
Occupation History:			
Primary Language(s):		Preferred Language(s): <input type="checkbox"/> Interpreter required	
Contact No:		Email Address:	
Home Address:			
<input type="checkbox"/> Same as Primary Guardian's Address			
Mailing Address:			<input type="checkbox"/> Same as physical
WARD'S FINANCIAL INFORMATION			
BANK ACCOUNTS: Select all that apply.			
<input type="checkbox"/> Checking	Bank Name:	Account No:	
Co-Owner(s):		Balance: \$	
<input type="checkbox"/> Savings	Bank Name:	Account No:	
Co-Owner(s):		Balance: \$	
<input type="checkbox"/> Cert. of Deposit	Bank Name:	Account No:	
Co-Owner(s):		Balance: \$	
LOANS			
<input type="checkbox"/> Personal	Bank Name:	Account No:	
Co-Owner(s):		Balance: \$	
<input type="checkbox"/> Mortgage	Bank Name:	Account No:	
Co-Owner(s):		Balance: \$	
SOURCES OF INCOME: Select all that apply.			
<input type="checkbox"/> Pension	Amount: \$	<input type="checkbox"/> Social Security	Amount: \$
<input type="checkbox"/> Public Benefits-SNAP	Amount: \$	<input type="checkbox"/> Public Benefits-Cash	Amount: \$
<input type="checkbox"/> Sec. 8-Housing Voucher	Amount: \$	<input type="checkbox"/> Sec. 8-Utility Reimbursement	Amount: \$
<input type="checkbox"/> VA Pension	Amount: \$	<input type="checkbox"/> VA Disability	Amount: \$
<input type="checkbox"/> Other (please specify):			Amount: \$
PROPERTY & ASSETS: Select all that apply.			
<input type="checkbox"/> Real Estate	Address:		
Co-Owner(s):			
Value of estate: \$		<input type="checkbox"/> Building(s) on Property	<input type="checkbox"/> Deed of Gift
<input type="checkbox"/> Vehicle(s)	Make/Model/Year:		
Title Location:		Active/Current Driver:	
<input type="checkbox"/> Life Insurance	Company:	Value: \$	

Name(s) of Beneficiary:			
<input type="checkbox"/> Safe Deposit Box	Amount: \$	Location/Contents:	
<i>CURRENT LEGAL INSTRUMENTS</i>			
<input type="checkbox"/> Will	Executor/Trustee:		Date Executed:
<input type="checkbox"/> Trust	Executor/Trustee:		Date Executed:
<input type="checkbox"/> Power of Attorney	Type: <input type="checkbox"/> Durable <input type="checkbox"/> Non-Durable <input type="checkbox"/> Financial <input type="checkbox"/> Medical		Date Executed:
Agent of Attorney-in-fact:			
Contact No:		Email:	
<i>GENERAL HEALTH INFORMATION</i>			
<input type="checkbox"/> Health Insurance	Company:		Policy No:
<input type="checkbox"/> Medicaid	Medicaid No:	<input type="checkbox"/> MIP	MIP No:
<input type="checkbox"/> Medicare	Part: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	Medicare No:	
<input type="checkbox"/> VA/Tricare	Tricare No:	ID No:	
Medications:			
Primary Physician:		Clinic:	
Known Medical Conditions/Diagnoses:			
USE THIS SECTION IF ADDITIONAL SPACE IS NEEDED.			
Completed By:		Sign:	Date:

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NATURE OF CASE

- ☐ Petition for appointment of Public Guardian
☐ Assess and support appointment of guardian
☐ Pursue Court request or direction to assist or supervise guardian
☐ Provide advice, information, and guidance to persons who have been appointed as guardian
☐ Offer guidance and counsel to persons requesting assistance to encourage maximum self-reliance and independence, and consider less restrictive alternatives
 ☐ hired/family caregiver ☐ home/community-based services ☐ Medical POA ☐ rep payee
 ☐ hired/family fiduciary ☐ joint account ☐ financial POA ☐ trust
☐ Case Not Opened

Brief Description of service(s) likely to be provided:

CLOSURE INFORMATION

Services provided:	Date Closed:		
<input type="checkbox"/> Referral To:	Referral Date:		
OPG Staff:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Sign:</td> <td style="width: 50%; border: none;">Date:</td> </tr> </table>	Sign:	Date:
Sign:	Date:		