The Elder Law Office of

Olimpi & Kramer, LLC

Guardianship Worksheet

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO APPOINTMENT VIA EMAIL, MAIL, OR FAX.

The Elder Law Firm of Olimpi & Kramer, LLC
396 4th St., Beaver, Pennsylvania 15009
Phone: (724) 888-2834

PLEASE COMPLETE THIS FORM PRIOR TO MEETING WITH YOUR ATTORNEY

PERSONAL INFORMATION

Your Name ______________________________ Preferred Pronoun: ________

Prefer to be called ______________ Birth date __________ SS# __________ US Citizen? _____

Home Address ____________________ City __________ State ______ Zip ______

County of Residence ______________ Relationship to AIP: ______________

Home Telephone __________ Business Telephone __________ Mobile Telephone __________

❑ It is okay to leave a voicemail at any number listed above.

❑ It is okay to reach me by my mobile telephone.

❑ It is okay to text to my mobile telephone.

Employer ______________________________ Position ______________

Business Address ____________________ City __________ State ____ Zip ______

E-mail Address ____________________ ❑ It is okay to communicate with me via my E-mail address.

SPOUSE/PARTNER INFORMATION

Spouse/Partner Name ______________________________ Preferred Pronoun: __________

Prefer to be called ______________ Birth date __________ SS# __________ US Citizen? ______

Home Address ____________________ City __________ State ______ Zip ______

County of Residence ______________ Relationship to AIP: ______________

Home Telephone __________ Business Telephone __________ Mobile Telephone __________

❑ It is okay to leave a voicemail at any number listed above. Date and County of Marriage, if married: ______________ ______________

❑ It is okay to reach me by my mobile telephone.

❑ It is okay to text to my mobile telephone.

Spouse/Partner's Employer ______________________________ Position ______________

Business Address ____________________ City __________ State ____ Zip ______

E-mail Address ____________________ ❑ It is okay to communicate with me via my E-mail address.

OTHER FAMILY INFORMATION

If other family members are involved in the issue for which you are seeking counsel, please provide their information below.
(For example, if you are here to discuss a will, please list the family members who will be included as beneficiaries, executors, etc.)

Name and Address	Phone Number	Relationship

The Elder Law Office of Olimpi & Kramer, LLC

396 4th Street, Beaver, PA 15009
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Alleged Incapacitated Person's (AIP) Information

AIP Name ____ Preferred Pronoun: ________

Prefer to be called ____________________ Birth date ___________ SS# ______________ US Citizen? ____

Home Address ____________________________ City _______________ State _______ Zip ________

County of Residence ____________________ Sex ________________ Race _________________

Height____________ Weight____________ Hair Color_____________ Eye Color_______________

Please List all of the AIP's diagnoses: ____

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____

AIP's PCP/Specialists & Contact Information:____

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____

AIP's Income (Source & Monthly Amount): ____

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Please list any other relevant information/Comments:

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