

TURNER LAW, LLC
Robert E. Turner
ATTORNEY & COUNSELOR AT LAW
THE ESTATE PLANNING CENTER
160 CLAIREMONT AVE SUITE 450/ DECATUR, GEORGIA 30030
TELEPHONE 404.377.6941
FACSIMILE 470.749.8949
robert@rtturner-law.com

CLIENT INFORMATION SHEET

Date: _____

Client Name: _____

Social Security number of Client: _____

Age: _____ Spouse/Parent or other: _____

Home Address including county: _____

_____ Length of time at as resident: _____

Mailing Address (if different) _____

Telephone
Numbers: _____
(Home) (Work) (Cell/Pager)

E-Mail Address: _____

Employer: _____

Work Address: _____

1. Conservatorship and Guardianship

(a) Name of Ward or Ward(s) _____
The WARD is the person in need of a guardian or Conservator

(c) Condition of proposed Ward _____

(c) Family of the Ward: Spouse, Children, Parents, Siblings, et al., if none nearest relatives

Name

Address

Person nominated in writing as Guardian or Conservator for Ward:

(For example, nominated by Will, Power of Attorney or Advanced Directive for Health Care)

VALUE

(d) Property of Ward(s)

Please list assets on additional sheets if needed

Total

=====

(d) Residence of Ward _____

--

(f) Social Security Number of the Ward(s) _____

(h) Income of Ward and Source _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

2. General:

Brief description of Issue: _____

PROPOSED GUARDIAN OF THE WARD

NAME: _____

Home Address: _____

Social Security Number of the Conservator: _____

E-Mail Address: _____

Employer: _____

Work Address: _____

Telephone _____

PROPOSED CONSERVATOR OF THE WARD

NAME: _____

Home Address: _____

Social Security Number of the Conservator: _____

E-Mail Address: _____

Employer: _____

Work Address: _____

Telephone
Numbers: (Home) _____ (Work) _____ (Cell/Pager) _____

Proposed Conservator Potential Financial Conflicts of interest with Ward: _____

Proposed Wards Family

Excluding the petitioner(s) and nominated conservator(s), indicate the Ward's nearest relatives whose whereabouts are known as follows: (show parents whose rights have not been terminated; if none, adult siblings of the Ward; if none the grandparents of the minor; if none any nearest relatives of the Ward so that three individuals are named)

Name	Address	Telephone No.	Relationship to Ward
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____