

3. AIP's Estate Plan Documents:

- Durable Power of Attorney
- Health Care Power of Attorney
- Last Will and Testament
- Revocable Trust
- Living Will

4. AIP's Assets and Income:

- AIP's assets exceed \$3,500.00.
- Social Security Income: \$_____
- Other Income: \$_____

5. Meeting with AIP:

Date(s) of Meetings with Alleged Incapacitated Person	Location of Meeting	Other Persons Present <i>(GAL should meet alone at least once with AIP.)</i>

AIP agrees/objects (strike one) to appointment of a Guardian.

Reason:

6. Written Material Reviewed: I have reviewed the pleadings and records on file, and the following medical and financial documents:

7. Individuals Interviewed: During the course of my investigation, I interviewed the following person(s):

Name Date(s) of Contact Relationship to AIP

8. Nature, Cause and Degree of Incapacity – Functional Limitations:

Medical Diagnosis and Cause:

AIP does not have the ability to manage:

- Health:
- Housing:
- Nutrition:
- Safety:
- Finances:

Explain deficiencies:

9. Evaluation of the Proposed Guardian(s):

Dates of Contact Between GAL and Proposed Guardian(s):

Identity and Contact Information of the Proposed Guardian(s):

Name:

Mailing Address:

Telephone Number:

Email Address:

Investigation of who would be appropriate guardian for the AIP:

10. Recommendation as to Appointment of Guardian:

11. Duration and Limitations:

12. Alternatives to Guardianship:

13. Recommendation as to Protective Order:

14. Other Recommendations:

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signed at Indianapolis, Indiana on _____, 20_____.

Signature of Guardian Ad Litem

Printed Name of Guardian Ad Litem

Address

Telephone/Fax Number

City, State, Zip Code

Email Address