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HON. SUSAN J. HOFFMAN Advisor, Hunterdon Cty Surrogate

## REFERRAL FOR GUARDIANSHIP FORM

Referral Source	
Date:	
Name of referral source:	Title:
Relationship to person:	
Company/organization:	
Phone: Em	ail Address:
Current Legal Status	
Has the individual already been legally declared inca	
If yes, on what date?	Who is the current guardian/caretaker?
If no, have there been two documented medical oping	ions stating the person is incapacitated?
Is there an entity willing/in the process of bringing th	ne verified complaint to the surrogate's court?
If yes, who?	
Is there any reason to think this will be contested?	

Potential Incapacitated Person (aka w	ard)		
First Name of potential ward:	t Name of potential ward:Current age		
Current address of potential ward:			
Street Address	City	State	
County			
Name of facility (if applicable)			\
How stable is this location?			
If this is not their permanent address, wh	nere is their permanent hon	ne?	
Street Address	City	State	
County	_		
Reason for incapacitation/need for guard	lian:		
Current medical/health status:			
What is the level of care required?			
Does individual have medical insurance	? If yes, wl	10?	
Is there a psychiatric diagnosis?	If so, what is it?_		
Is the individual compliant with medical	tion?		
Is there any known history of violence of			
If yes, please describe:			
Does the individual wander/are they a fl	ight risk?		
Financial			
Current income amount (estimated/know	vn):		
Source of income:			

Current assets (estimated/known):
Are there any current or anticipated complex financial issues?
Are there any family members/close friends known/involved?
If so, who?
W. UC. P. CIP.
Ward/Guardian compatibility
Please describe what is known about the personality/life of the potential ward. Who is she/he?
What kind of traits do you think would be important in a potential guardian?
Is there anything else that would be helpful for us to know?