

# RICHLAND COUNTY PROBATE COURT

In Re Guardianship of: \_\_\_\_\_ Case Number: \_\_\_\_\_

## INFORMATION REGARDING THE PROPOSED ADULT WARD

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Employed? \_\_\_\_ Yes \_\_\_\_ No      Retired? \_\_\_\_ Yes \_\_\_\_ No

Place of Employment (or retirement from) \_\_\_\_\_

If retired or receiving a pension, social security or public assistance, list the benefits and amounts received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If an organization or someone else is the payee of any of these benefits, specify the organization or person to whom each of such benefit is paid.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the Proposed Ward has given a power of attorney to anyone, give the name and address of that person, together with the type of powers given.

\_\_\_\_\_  
\_\_\_\_\_

The petitioner states that the answers set forth are true and correct to the best knowledge and belief of the petitioner, subject to the penalties of making a false affidavit or declaration.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature