



NORTHERN NEVADA GUARDIANSHIP SERVICES INC. REFERRAL FORM

Date: _____

Attorney of Record: _____

Legal Name of proposed ward: _____

Address and phone number of proposed ward:

Street: _____

City: _____

State: _____ Zip Code: _____

How long at this address? _____

Phone: () _____

Social Security number: _____

Date of birth: _____

Place of birth: _____

Education: _____

Occupation(type of work): _____

Employer: _____

Previous address if current residence is less than one (1) year:

Street: _____

City: _____

State: _____ Zip Code: _____

How long at this address? _____

Veteran? Yes No

If Yes, is proposed ward receiving benefits Yes No

If not receiving benefits, is proposed ward entitled to receive benefits? Yes No

Is EPS involved with care? Yes No **If yes, provide information and available documentation:** _____

Are there legal proceedings, which involve the proposed ward, in state or out of state? Yes No

If yes, provide information and available documentation: _____

Family information (provide name and last known address. If there is no address, provide information on last known contact by family member):

Spouse alive: Yes No

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

Surviving parents: Yes No

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

Mother's full name: _____

Mother's Maiden name: _____

Father's full name: _____

Surviving grandparents (Mother's side): Yes No

Name: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: () _____

Surviving grandparents (Father's Side): Yes No

Name: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: () _____

Biological or adopted children: Yes No If yes, number of children: _____

Child #1:

Name: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: () _____
Age: _____ Date of Birth: _____

Child #2:

Name: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: () _____
Age: _____ Date of Birth: _____

Child #3:

Name: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: () _____
Age: _____ Date of Birth: _____

Child #4:

Name: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: () _____
Age: _____ Date of Birth: _____

Step-children: Yes No If yes, number of step-children: _____

Step-Child #1:

Name: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: () _____
Age: _____ Date of Birth: _____

Step-Child #2:

Name: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: () _____
Age: _____ Date of Birth: _____

Surviving Siblings? Yes No If yes, number of siblings: _____

Sibling #1:

Name: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: () _____
Age: _____ Date of Birth: _____

Sibling #2:

Name: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Phone: () _____
Age: _____ Date of Birth: _____

Grand Children?: Yes No If yes, number of grand children: _____

Grand Child #1:

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

Age: _____ Date of Birth: _____

Grand Child #3:

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

Age: _____ Date of Birth: _____

Grand Child #2:

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

Age: _____ Date of Birth: _____

Grand Child #4:

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

Age: _____ Date of Birth: _____

Surviving Aunts: Yes No

Aunt #1:

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

Age: _____ Date of Birth: _____

Aunt #2:

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

Age: _____ Date of Birth: _____

Surviving Uncles: Yes No

Uncle #1:

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

Age: _____ Date of Birth: _____

Uncle #2:

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

Age: _____ Date of Birth: _____

Surviving Nieces? Yes No

Niece #1:

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

Age: _____ Date of Birth: _____

Niece #2:

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

Age: _____ Date of Birth: _____

Surviving Nephews? Yes No

Nephew #1:

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

Age: _____ Date of Birth: _____

Nephew #2:

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

Age: _____ Date of Birth: _____

In the initial pleading document we are required to provide information on income and assets.

Complete the following to the best of your knowledge.

- a. Proposed ward's **gross monthly income**, from all sources: \$ _____
(If possible please attach any documentation you have; a copy of social security earning statements or social security check stub, copy of retirement income, dividends or annuity payments, rental income, other routine monthly or quarterly income.)
- b. Proposed ward's **financial assets**. How is each asset titled?
(Assets - savings account, money market account, checking account, brokerage account, investments, and property.)

Name of financial institution: _____

Account No.: _____ Amount \$ _____

Name of financial institution: _____

Account No.: _____ Amount \$ _____

Name of financial institution: _____

Account No.: _____ Amount \$ _____

Name of financial institution: _____

Account No.: _____ Amount \$ _____

Name of financial institution: _____

Account No.: _____ Amount \$ _____

Real Estate Property Owned - Please provide any documentation you may have.

#1 Property location and address:

Street: _____

City: _____

State: _____ Zip Code: _____

How is Title Recorded? _____

Owned outright? Yes No Loan No. _____

If no, who holds the mortgage? _____

Street: _____

City: _____

State: _____ Zip Code: _____

#2 Property location and address:

Street: _____

City: _____

State: _____ Zip Code: _____

How is Title Recorded? _____

Owned outright? Yes No Loan No. _____

If no, who holds the mortgage? _____

Street: _____

City: _____

State: _____ Zip Code: _____

Is there an emergency? Yes No

a. Is the proposed ward threatening to do something, if so, please describe how the ward can follow through on their plan of action? _____

b. Who is the proposed ward's doctor? _____ Phone: () _____

Street: _____

City: _____

State: _____ Zip Code: _____

c. Is there a mental or physical diagnosis? _____

d. If an emergency exists and there is no medical diagnosis, provide information to support the need to order that an investigation be conducted. Include information about who should conduct the investigation.

Information about proposed guardian of person.

Northern Nevada Guardianship Services, Inc.

Principal: Donna J. Shilinsky - Rostagni

Has the proposed guardian been convicted of a felony? Yes No **X**

Is the proposed guardian a Nevada resident? Yes **X** No

Name: **Donna J. Shilinsky - Rostagni**

Phone: **(775) 786-6600**

Street: **620 Nixon Avenue**

City: **Reno**

State: **Nevada** Zip Code: **89509**

Information about proposed financial guardian.

Northern Nevada Guardianship Services, Inc.

Principal: Donna J. Shilinsky - Rostagni

The court has discretion to require a bond to make sure that the financial guardian does not gain access to the proposed ward's monies and take off with them. Generally the bond is commensurate with the proposed ward's assets.

Is NNGS (Northern Nevada Guardianship Services) bondable? Yes **X** No

An Accountant will oversee all financial activity.

Other helpful information. _____

Information provided to NNGS by: _____

