

6. The person with whom or the facility in which said disabled person is residing at *.
7. The Petitioner has attached a copy of all known executed Powers of Attorney for Healthcare and Property to this Petition, regardless of whether Petitioner believes that the Powers of Attorney were properly executed or should remain in effect.
8. The name of the proposed guardian, [GUARDIAN], whose occupation is a **, who is * adult years of age, resides at *, and who is qualified and willing to act as such guardian.
9. The Proposed Guardian:
 - _____ Has _____ Has not been convicted of a felony.
 - _____ Has _____ Has not been accused of assaults/batteries, abuse, neglect or domestic violence, in any civil or criminal litigation.
 - _____ Has _____ Has not been accused of fraud or a breach of fiduciary duty, including misappropriation of any funds of the Respondent or any other person.
 - _____ Has _____ Has not been the subject of an administrative inquiry by any social service agency or the Department of Family and Human Services.

(If any of the above are affirmative, attach a summary disclosure concerning the matters for further inquiry by the Court and any interested parties).

10. Upon information and belief, the Respondent is unable to perform the following Activities of Daily Living (ADL):

11. Upon information and belief, the Respondent requires medical assistance in the following areas:

- Medical Examinations
- Medical Procedures
- Medication Assistance

12. Upon information and belief, the Respondent's living environment is deficient for the following reasons:

- Health and Safety
- Nutrition
- Inadequate Supervision
- Lack of social interactions

13. Upon information and belief, the Respondent is:

- unable to manage all of his or her finances;
- unable to manage his or her finances, except a household checking account
- has been subject to systemic exploitation by telemarketers, sweepstakes persons, or similar common scams, and/or exploitation by other non-related persons;
- has been subject to possible financial exploitation by family members, friends, caretakers or other persons related to the Respondent.

14. A Guardianship of the Person is necessary.

It should be Plenary/Full Limited.

15. A Guardianship of the Estate is necessary.

It should be Plenary/Full Limited.

16. Petitioner believes that the most appropriate living arrangement for the Respondent, after possible rehabilitation or other assistance from social service agencies or other care providers, is:

The Respondent should reside in his or her residence, but would require assistance as follows: 24/7 care care as follows:

The Respondent should reside in an assisted or supportive living community

The Respondent should reside in a nursing home.

____ Other: _____

17. The Petitioner has consulted with the following physicians, psychologists, or social service agencies, and has attached all appropriate Statutory Physician Reports, or seeks an Order requiring an examination, or other summary reports and opinions to this Petition:

WHEREFORE, Petitioner prays that:

- A. The said [RESPONDENT] be adjudged a disabled person.
- B. The said [GUARDIAN] be appointed the guardian of the person and estate of said disabled person.
- C. The said guardian be granted all the powers conferred upon guardians under the law.
- D. That the guardian be granted residential placement powers limited to type of residential placement set forth above;
- E. Letters of guardianship issue to said guardian.

Subscribed and sworn to before
me on _____, 2012.

Notary Public