



**AYRES PRESSER**  
*Elder Law*

Timothy M. Ayres, Esq.  
[tayres@apelderlaw.com](mailto:tayres@apelderlaw.com)

Lauren Cascino Presser, Esq.  
[lcpresser@apelderlaw.com](mailto:lcpresser@apelderlaw.com)

Jocelyn Law-Meehan Jaquish, Esq.  
[jmjaquish@apelderlaw.com](mailto:jmjaquish@apelderlaw.com)

**Date and Time of Appointment:** \_\_\_\_\_ **Attorney:** \_\_\_\_\_

**Who is attending the appointment today?** \_\_\_\_\_

**Who completed this form?** \_\_\_\_\_

**Type of appointment:**        Guardianship

**CLIENT’S PERSONAL INFORMATION:**

**Client’s Name (the incapacitated person):**

**Proposed Guardian’s Name**

\_\_\_\_\_  
(First)                      (Middle)                      (Last)

\_\_\_\_\_  
(First)                      (Middle)                      (Last)

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

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

**Township/Borough:** \_\_\_\_\_

**Township/Borough:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

**Date of Last Examination by this Physician:** \_\_\_\_\_

**Height:** \_\_\_\_\_        **Weight (approx.):** \_\_\_\_\_        **Eye Color:** \_\_\_\_\_

**Hair Color:** \_\_\_\_\_        **Ethnicity:** \_\_\_\_\_

**\*WHERE WOULD YOU LIKE US TO SEND INVOICES AND OTHER CORRESPONDENCES?**

**c/o:** \_\_\_\_\_

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

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**INCAPACITATED PERSON'S CHILDREN / NEXT OF KIN**

Please provide full legal names. List predeceased children.

1. Name/Age: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

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

Children's Names/Ages: \_\_\_\_\_

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

2. Name/Age: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

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

Children's Names/Ages: \_\_\_\_\_

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

3. Name/Age: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

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

Children's Names/Ages: \_\_\_\_\_

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

4. Name/Age: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

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

Children's Names/Ages: \_\_\_\_\_

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

May we speak with your children, if necessary?  Yes  No

<p><b>How were you referred to us? (Check one):</b> EZ-to-Use Directory <input type="checkbox"/> Tribune Democrat <input type="checkbox"/> Friend (Name _____) <input type="checkbox"/> TV Ad <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Attorney (Name) _____ <input type="checkbox"/></p>
--