



OFFICE OF THE COUNTY COUNSELOR

JACKSON COUNTY COURTHOUSE
 415 EAST 12TH STREET
 KANSAS CITY, MISSOURI 64106

jacksongov.org/guardianship
 Guardianship Line: (816) 881-1281

Adult Guardianship Checklist

For your convenience we have created this checklist of information that will be needed for an initial meeting with our office to discuss an Adult Guardianship.

Information About Respondent (person for whom a guardianship is being sought)	
<input type="checkbox"/>	Name
<input type="checkbox"/>	Complete mailing address, including zip code
<input type="checkbox"/>	Phone number
<input type="checkbox"/>	Date of birth
<input type="checkbox"/>	Social Security Number
<input type="checkbox"/>	List of ALL family members, including their names, complete mailing address and telephone numbers. Also indicate their relationship to the respondent, such as "spouse," "son," "sister," etc. NOTE: Family members include mother, father, sisters, brothers, spouse, grandparents, aunts, uncles, nieces, nephews, cousins.
<input type="checkbox"/>	Current medical diagnosis
<input type="checkbox"/>	Current medical letter from current treating doctor supporting guardianship
<input type="checkbox"/>	Names, addresses and telephone numbers for the treating doctor, social worker and/or case worker.
<input type="checkbox"/>	A brief history of any legal issues

Information About Person Seeking To Become A Guardian	
<input type="checkbox"/>	Name
<input type="checkbox"/>	Complete mailing address, including zip code
<input type="checkbox"/>	Phone number
<input type="checkbox"/>	Date of birth
<input type="checkbox"/>	Social Security Number
<input type="checkbox"/>	Employer's name, address and telephone number
<input type="checkbox"/>	Three references (not family members) with names, complete mailing addresses and telephone numbers

Guardianship Forms – Download at jacksongov.org	
<input type="checkbox"/>	Exhibit A: Respondent's Income and Asset Information
<input type="checkbox"/>	Exhibit B: Respondent's Family Information
<input type="checkbox"/>	Exhibit C: Consent form for information about the proposed guardian (MUST BE SIGNED by the proposed guardian)
<input type="checkbox"/>	Form 10194a: This form explains the duties and responsibilities of a guardian and/or conservator (MUST BE SIGNED by proposed guardian or conservator)
<input type="checkbox"/>	Medical Memo: From the Jackson County Counselor's office, this memo can be printed and given to a treating doctor to explain what is needed in a current medical letter

To request an appointment or for more information about Adult Guardianship call the guardianship line at 816-881-1281.