

## Babbé Guardianship Questionnaire

If you would like to make a Guardianship application, please complete the form below and send it to [wills@babbelegal.com](mailto:wills@babbelegal.com) or to Babbé LLP, La Vieille Cour, La Plaiderie, St. Peter Port, Guernsey, GY1 1WG.

This form can be completed electronically or printed and manually completed.

<b>PATIENT'S DETAILS</b> (The person who needs a guardian)	
<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____
<b>Surname</b>	
<b>Forename(s)</b>	
<b>Date of birth</b>	
<b>Place of birth</b>	
<b>Address</b>	
<b>Name and address of General Practitioner</b>	
<b>PROPOSED GUARDIAN(S)</b> (There can be more than one guardian)	
<b>Guardian (1)</b>	
<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____
<b>Surname</b>	
<b>Forename(s)</b>	
<b>Date of birth</b>	
<b>Address</b>	
<b>Occupation</b>	
<b>Marital status</b>	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated from your spouse <input type="checkbox"/> Living with a partner <input type="checkbox"/>
<b>Relationship to the Patient</b>	

Guardian (2)	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:
Surname	
Forename(s)	
Date of birth	
Address	
Occupation	
Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated from your spouse <input type="checkbox"/> Living with a partner <input type="checkbox"/>
Relationship to the Patient	

**NB:** if more than one guardian appointed, will the survivor/survivors be allowed to act alone upon the death of one or more guardian(s)?

Yes / No – please circle answer

Guardian (3)	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:
Surname	
Forename(s)	
Date of birth	
Address	
Occupation	
Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated from your spouse <input type="checkbox"/> Living with a partner <input type="checkbox"/>
Relationship to the Patient	

**MEMBERS OF THE FAMILY COUNCIL** (The persons who will support the proposed Guardian(s)' application, usually 3 in number and closest relatives or friends of the patient)

Member (1)	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:
Surname	

<b>Address</b>	
<b>Relationship to the patient</b>	
<b>Member (2)</b>	
<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:
<b>Surname</b>	
<b>Address</b>	
<b>Relationship to the patient</b>	
<b>Member (3)</b>	
<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:
<b>Surname</b>	
<b>Address</b>	
<b>Relationship to the patient</b>	
<b>PLEASE LIST THE CLOSEST RELATIVES OF THE PATIENT</b>	
<b>ESTATE OF PATIENT</b>	
<b>Real estate (property/land) – please provide addresses and estimated value:</b>	
<b>Personal estate (bank accounts, stock &amp; shares, investments...) – please provide type of asset and estimated value:</b>	