IN THE PROBATE COURT OF MOBILE COUNTY, ALABAMA

In the matter of:	*	
	*	Case No.:
_____	*	
An (Alleged) Incapacitated Person;	*	
	*	

General Information and Asset Summary Sheet

Uniform Guardianship and Protective Proceedings Jurisdictional Act

This information sheet must be completed and filed with the Probate Court along with the Informational Affidavit and other appropriate pleading(s) requesting the establishment of a Guardianship and/or Conservatorship, or other protective proceeding where the respondent/ward is, or was previously a resident of another state or foreign jurisdiction in which proceedings may have been established.

Respondent:

Name of respondent/ward:
Address:
Date of Birth:

Petitioner:

Name of petitioner:
Address:
Date of Birth:

Court Information:

Name of Court:
Address:
Case Number:
Status of Case:
Next hearing date, if any:

Attach copies of docket sheet history or summary of case activity.

Is there pending before the above named Court a final or partial settlement and accounting? Yes_____ No_____ If yes, please provide a copy of such petition and state when the settlement is scheduled to be heard by said Court.

If a final hearing has been held, provide a copy of the final accounting and order from the Court transferring the estate to Alabama. **Please note:** Copies of all court orders must be certified by the issuing court.

Attorneys:

Name and address of attorneys involved or representing the petitioner(s):

Name and address of GAL and/or Court Representative appointed for the ward in said Court (current or past):

Guardian ad Litem:
Court Representative:

Assets/Inventory: As of (date)

Please state the value of the assets of the said ward/respondent:

Real property in Alabama $
Real property located outside of Alabama $
Personal property in Alabama$
Personal property located outside of Alabama $
Liquid assets (cash, bonds, etc.) $
Attach additional sheets to further explain or list information regarding the above values as necessary, or attach a copy of any existing inventory of ward's assets.

List the name, address and account number for each bank or financial institution, including brokerage accounts and trusts, where assets of the ward/respondent are located and the value or current balance in each:

Trust Assets:

Does the respondent/ward have an interest in any trust assets, either directly or indirectly, contingent or remainder, etc.? Yes_____ No_____. If yes, please provide details of same as follows, including the value or estimated value of such asset(s), the name and address of the trustee(s) or institution(s) holding the trust, a copy of the trust document(s) if available, and the name of any court that has conducted hearings on same or has exercised jurisdiction over such trust(s).

Other assets:

Please list any other assets or contingent assets of the ward/respondent, including any pending or anticipated causes of actions or claims which have not been disclosed above:

Date:_____

Affiant

STATE OF
COUNTY OF

I, the undersigned authority and for said State and County, do hereby certify that , whose name is signed to the foregoing document, and who is known to me, acknowledged before me on this day that, being informed of the contents of this document, he executed the same voluntarily on the day the same bears date.

Sworn to and subscribed before me this _____ day of _____, 20 .

Notary Public
My Commission expires:

(AFFIX NOTARY SEAL)