



**NEZ PERCE COUNTY BOARD OF COMMUNITY GUARDIANS  
NEZ PERCE COUNTY COMMISSIONERS  
1225 IDAHO STREET  
LEWISTON, ID 83501  
(208) 792-7949  
Coord@co.nezperce.id.us**

**REFERRAL FOR GUARDIANSHIP/CONSERVATORSHIP**

**THE BOARD SHALL HAVE ALL POWERS AND DUTIES WHERE APPLICABLE BY COURT AS PROVIDED UNDER SECTIONS 15-5-312 OF THE IDAHO CODE, AND/OR SECTIONS 15-5-424, AND IN ADDITION THERETO SHALL; (2) HAVE ACCESS TO ALL CONFIDENTIAL RECORDS WHICH CONCERN A PERSON FOR WHOM THE BOARD ACTS.**

\_\_\_\_\_  
Signature of Person Making Referral

\_\_\_\_\_  
Date

**CANDIDATE'S INFORMATION**

\_\_\_\_\_  
Candidate's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date of Birth

**Sex:**

Female

Male

**Marital Status:**

Married

Divorced

Widowed

Separated

Never Married

**REFERRAL INFORMATION:**

\_\_\_\_\_  
Person Making Referral

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Address (Work/Business)

City

Zip Code

Reason for Referral:

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**MEDICAL INFORMATION:**

Medical Diagnosis and Prognosis of Candidate:

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Physician's Name

Address

City

Zip Code

Phone Number

**FINANCIAL INFORMATION:**

Monthly Social Security

Other Income

Person Handling Finances

Bank Accounts: Checking

Saving

Amount (if known) \_\_\_\_\_

Property Owned by Candidate:

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

List Candidate's Expenses:

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

**NEXT OF KIN:**  
Nearest Relative

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address/City/State/Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address/City/State/Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address/City/State/Zip

\_\_\_\_\_  
Phone Number

**Reason Next of Kin Cannot or Will Not Serve as Guardian or Conservator:** \_\_\_\_\_

**COMMENTS:**

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

**Attach: Medical doctor statement describing in his/her own words why a guardianship and/or conservatorship is required.**

\_\_\_\_\_  
Signature of Person Making Referral

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date