

## Explanation of circumstances of the guardianship candidate

\*Please fill out by the candidate.

\*If there are no candidates, there is no need to submit this form.

\* Please fill in the blank questions freely. For multiple choice questions, please check the appropriate box.

Please attach a check.

Reiwa month \_\_\_\_\_ day \_\_\_\_\_

Candidate's name \_\_\_\_\_ mark \_\_\_\_\_

Candidate's address

☐ As stated in the candidate for adult guardianship, etc. section of the petition

☐ As follows

Postal code \_\_\_\_\_ - \_\_\_\_\_

address: \_\_\_\_\_

Telephone contact from the court

Weekdays (9:00 AM - 5:00 PM): Phone \_\_\_\_\_ ( ) \_\_\_\_\_

(☐ Mobile phone • ☐ Home • ☐ Work)

• Is there any problem with calling using the court's name? ☐ Yes, it's okay to call. ☐ There is a problem.

• Things to keep in mind when contacting the court (times when it is difficult to make a phone call, etc.)

Please indicate if applicable.

1. Your current living situation, health condition, career history, etc. (No need to fill in if the candidate is a corporation.)

(1) Occupation

(Job type: \_\_\_\_\_ Name of employer: \_\_\_\_\_ )

(2) Please list the people who live with you.

☐ No one living with me

☐ Do you live with someone? \*Please write the name, age, and relationship to you of the person you live with.

(full name: \_\_\_\_\_ age: \_\_\_\_\_ Relationship to you: \_\_\_\_\_)

(full name: \_\_\_\_\_ age: \_\_\_\_\_ Relationship to you: \_\_\_\_\_)

(full name: \_\_\_\_\_ age: \_\_\_\_\_ Relationship to you: \_\_\_\_\_)

(full name: \_\_\_\_\_ age: \_\_\_\_\_ Relationship to you: \_\_\_\_\_)

(3) Income, etc.

Income (annual income) \_\_\_\_\_ circle)

(assets

☐ Real Estate

• Deposits (• Securities \_\_\_\_\_ circle)

• Other (Content: Liabilities (debt) \_\_\_\_\_)

• Home loans (• Car loans \_\_\_\_\_ circle)

(• Consumer finance (• \_\_\_\_\_ circle)

Other (Contents: \_\_\_\_\_ circle)

\_\_\_\_\_ ) (Amount: \_\_\_\_\_ circle)

(4) If you have someone who earns a living with you or if you earn a living off the income of someone other than yourself

If so, please state the relationship to the person and their income.

Relationship to you ( \_\_\_\_\_ ) • Income (annual income) ( \_\_\_\_\_ circle)

(5) Your current health condition (please describe as much as possible)

• I am in good health.

• I feel unwell. (Specific symptoms: • I am currently \_\_\_\_\_ )

receiving outpatient treatment.

(Injury/Illness Name: \_\_\_\_\_ Frequency of visits: about once a month

(6) Please write about your career history (highest level of education and main work experience) (please write as much as possible)

Please include it.)

year month	Career	year month	Career
•		•	
•		•	
•		•	
•		•	
•		•	

2. Do you fall into any of the following categories?

• The following applies:

• I am a minor.

• I have been dismissed from my position as an adult guardian, curator, assistant, etc. by the family court.

• A decision to commence bankruptcy proceedings has been made, but the person has not been granted a discharge from liability and has not been reinstated.

• I am currently involved in a lawsuit with the person or have been involved in a lawsuit with the person in the past.

• Your [• spouse • parent • child] is currently involved in a lawsuit with the person or has previously

A lawsuit was filed.

• None of the above apply.

3. Daily interactions between you and the person (whether you live together, financial situation, frequency of visits, care, assistance, administrative work, etc.) (1) Relationship with the person ☐ Person's relatives (relationship: ) ☐ Other ( ) \_\_\_\_\_

(2) Whether or not you live with the person

Currently, I am living with the person in question. (When did you start living together?) \_\_\_\_\_ year month~)

Currently, I am living separately.

(3) Financial situation with the individual

Currently, you and I share the same household finances. We share different household finances.

(4) \*Please answer only if you are currently living separately from your spouse.

Visitation status with the person ☐ About ( ) times a month ☐ About once every 2-3 months

☐ About once every six months ☐ About once a year

☐ Rarely meet ☐ Other ( \_\_\_\_\_ )

(5) Please describe if you have provided any care or assistance to the person.

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4. Do you have a relationship with the person in which you lend money, provide security, guarantee, or advance payment?

•Money lending ☐ No ☐ Yes (specific amount, details: )

•Provision of collateral ☐ No ☐ Yes (specific amount, details: )

• Guarantee ☐ No ☐ Yes (specific amount, details: )

• Advance payment ☐ No ☐ Yes (specific amount, details: )

\*If you have paid money in advance, do you intend to ask the person to repay it?

☐ No intention to seek repayment. ☐ Intention to seek repayment.

\* If there are any items that correspond to "Yes", please provide the relevant documents (IOU, security agreement, guarantee agreement, etc.)

Please attach copies of documents such as the payment documents, receipts, receipts and ledger showing advance payments, etc.

5. Please describe the circumstances and background that led to you becoming a candidate.

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6. Future policies and plans regarding the management of the individual's assets and personal protection (medical care and nursing)

☐ Maintain the status quo (there is no prospect of any change in the person's financial situation or personal protection situation).

☐ Your financial situation is expected to change as follows:

(Please provide specific details such as large fluctuations in income and expenditure, or plans for large deposits.)

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ÿ The situation regarding personal protection (medical care nursing) is expected to change as follows:

(Please provide specific details such as medical care, welfare services, and personal care that will be required.)

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7. Procedures for appointing adult guardians, curators, and assistants Do you

understand the following about the procedures for appointing adult guardians, curators, and assistants?

Please check the boxes for the items that apply to you. ÿ The

family court may appoint someone other than you as an adult guardian, curator, or assistant. ÿ The family court may appoint you as an adult guardian, curator, or assistant and may also appoint you as an adult guardianship supervisor, curatorship supervisor, or assistant.

An assistant supervisor may be appointed.

ÿ The family court's decision on who to appoint as an adult guardian, curator, or assistant cannot be appealed.

The inability to file a petition.

8. Roles and responsibilities of adult guardians, curators, and assistants

- (1) Do you understand the roles and responsibilities of adult guardians, curators, and assistants by viewing the DVDs available at the family court, the guardianship portal site on the court's website, or other explanatory materials? ÿ I understand. ÿ There are some things I don't understand, or I have questions.

(Please write down any points you don't understand or have questions about.)

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ÿ I don't understand. ÿ Please

refer to the DVDs available at family courts, the guardianship portal site on the court website, or other explanatory materials that explain the roles and responsibilities of adult guardians, curators, and assistants.

- (2) If you are appointed as an adult guardian, curator, or assistant, do you agree to the following?

A) Respect the individual's wishes and take into consideration the individual's physical and mental condition and living situation. B) Do not use the individual's assets for anyone other than the individual. Also, manage the assets in good faith so as not to engage in investments, speculation, gifts, loans, or make the individual take on loans or guarantees (including the establishment of mortgages).

C. Understand the person's financial situation and manage it appropriately. D.

Supervise guardianship affairs, such as submitting documents and making regular reports in accordance with the instructions of the family court.

ÿ I agree with

everything. ÿ I don't agree or

have questions.

(Please explain why you do not agree or have any questions.)

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## Opinion of relatives

1. I, the person in question (Name: \_\_\_\_\_)'s (Relationship: \_\_\_\_\_) is.

2. My opinion regarding the commencement of guardianship (curatorship/assistance) for the individual is as follows:

☐ I agree.

☐ Leave it to the family court to decide.

☐ I am against. [Reasons

for opposing] ☐ The

person's judgment ability has not deteriorated to the extent that guardianship (curatorship/assistance) should be initiated.

☐ The reason is as follows: \* If you cannot write everything, please write it on a separate sheet (A4 size paper).

Please prepare it yourself.)

3. My opinion regarding the appointment of the person's adult guardian (curator/assistant) is as follows:

Candidate (Name: \_\_\_\_\_) will be appointed

(If there is no candidate, a third party selected by the family court will be appointed.) \*The name of the candidate should be filled in by the applicant.

☐ I agree.

☐ Leave it to the family court to decide.

☐ I am against it or have an opinion. The reason is

as follows: \* If you cannot write everything, please write it on a separate sheet of A4 paper (please use your own sheet of paper).

Please prepare it by using the following.

Reiwa month \_\_\_\_\_ day \_\_\_\_\_

(☐ \_\_\_\_\_ ☐ \_\_\_\_\_)

address \_\_\_\_\_

full name \_\_\_\_\_

mark \_\_\_\_\_

Weekdays (9:00 AM - 5:00 PM): Phone \_\_\_\_\_

( \_\_\_\_\_ ) (☐ Mobile ☐ Home ☐ Work)

## Example of a relative's opinion

In the procedures for the commencement of guardianship, curatorship, and assistance, the wishes of the relatives of the person in question (the person in need of assistance) are required.

With reference to the above, it is necessary to start guardianship, curatorship, and assistance for the person, and to appoint an adult guardian, curator, or assistant (to assist the person).

The committee will determine who is the best person to provide assistance.

[Example] Ms. Fuyuko Kono (relationship: eldest daughter of the person in question) is the adult guardian of Mr. Taro Kono.

If you think that the candidate, Mr. Natsuo Kono, is suitable for the position of Assistant Director, please fill out the following form.

It will be written like this.

### Opinion of relatives

1. I am the ( eldest **daughter** ) of ( Name: **Taro Kono** ) . \_\_\_\_\_

2. My opinion regarding the commencement of guardianship (curatorship/assistance) for the individual is as follows:

☐ I agree.

☐ Leave it to the family court to decide.

☐ I am against it. [Reasons

for opposing] ☐ The

person's judgment ability has not deteriorated to the extent that guardianship (curatorship/assistance) should be initiated.

☐ The reason is as follows: \* If you cannot write everything, please write it on a separate sheet (A4 size paper).

Please prepare it yourself.)

3. My opinion regarding the appointment of the person's adult guardian (curator/assistant) is as follows:

Regarding the appointment of candidate (name: **Natsuo Kono** )

(If there are no candidates, a third party selected by the family court will be appointed.)

\*The candidate's name should be filled in by the applicant.

☐ I agree.

☐ Leave it to the family court to decide.

☐ I am against it or have an opinion.

The reason is as follows. \* If you cannot write everything, please use a separate sheet of A4 size paper.

Please prepare it by using the following.

〒\_\_\_\_\_  
(☐XXX-XXX) \_\_\_\_\_

Address: **XX-banchi, XX-cho, XX-shi, XX prefecture**

Name: **Fuyuko Kono**



Weekday (9:00 AM - 5:00 PM) contact information: Phone: **XXX (XXX) XXX** (☐

Mobile ☐ Home ☐ Work)

1. In the procedures for commencing guardianship, curatorship, or assistance, opinions of the person in question (the person in need of assistance)'s relatives are also taken into consideration when deciding whether to commence guardianship, curatorship, or assistance for that person, and who is the most suitable person to serve as the adult guardian, curator, or assistant (the person who will provide assistance to the person in question).

ÿ (If there are no children or grandchildren) Spouse and parents

y (If there are no children, grandchildren, parents, or grandparents) Spouse and siblings (If siblings are  
 deceased but nephews or nieces remain, nephews or nieces) (2) If the person does not have a spouse

ÿ (If you have children) Children (If your children  
have passed away but you have grandchildren, your grandchildren)

ÿ (If there are no children or grandchildren) Parents (If both  
parents are deceased but there are grandparents, then grandparents)

3) (If there are no children, grandchildren, parents, or grandparents) Siblings

(If your siblings are deceased but you have nephews or nieces, they will be listed as nephews or nieces.)

3. Please make copies of the family member's opinion form for as many people as you need. Please have a family member who falls under the above 2 categories prepare this opinion form and attach it to the petition (if it is difficult to have a family member prepare an opinion form, this is not necessary).

4. Applicants and candidates are not required to submit a statement of opinion.

5. The family court will request the opinion of any relatives who have not submitted a written opinion or other relatives.

There may be a meeting.

6 Depending on the decision of the family court, a person other than the candidate may be appointed as an adult guardian, etc.

## Inheritance property inventory

Reiwa month day \_\_\_\_\_

Creator's name and seal \_\_\_\_\_

The contents of the inherited property of which the person ( ) is the heir are as follows:

\*Please submit only if there is inheritance property for which you are the heir and the division of the estate has not been completed. \*If there are multiple heirs (deceased persons), please make copies of this list and submit it to each heir.

Make this inventory for each.

\* Check the appropriate box for whether or not you have the following inherited assets, and enter the details. \* If you have documents related to the following inherited assets, check the box in the "Documents" column and attach copies of the documents. Also, please mark the corresponding number in the top right corner of each copy of the document so that its correspondence with the inherited assets inventory can be seen. (For example, if it is a copy of document "No. 2" under "1. Savings and Cash" in the inherited assets inventory, please mark the copy of the document with "Reference 1-2" in the top right corner.)

\*If there are not enough spaces to enter the inherited assets, please make a copy of this form and renumber the "No." column consecutively.

Name of the deceased ( ) \_\_\_\_\_

Relationship to the person (person's) \_\_\_\_\_

Date of death of the deceased (ÿ Heisei / ÿ Reiwa Year Month Day) \_\_\_\_\_

The individual's legal share of inheritance (share) \_\_\_\_\_

Will (ÿ Yes ÿ No ÿ Unknown)

1. Savings and cash ÿ As follows ÿ No relevant assets ÿ Unknown

\* In the "Account Type" column, check the "Regular" box for ordinary deposits and regular savings, or the "Term" box for fixed-term deposits and fixed-amount savings. For other types, check the box below and enter the name of the type.

No.	Name of financial institution	Branch name	Account type	Account number	Last confirmation date	Balance (yen)	Administrator	Materials
1			ÿPermanent ÿ					ÿ
2			ÿPublic ÿ ÿ					ÿ
3			ÿPublic ÿ ÿ					ÿ
4			ÿPublic ÿ					ÿ
5			ÿPublic ÿ ÿ					ÿ
6			ÿPublic ÿ ÿ					ÿ
7			ÿPublic ÿ ÿ					ÿ
8			ÿPublic ÿ ÿ					ÿ
9			ÿPublic ÿ					ÿ
10			ÿPermanent ÿSet ÿ					ÿ
Cash (money held other than savings)								
total								



2. Securities, etc. (stocks, investment trusts, government bonds, corporate bonds, foreign currency deposits, bills, checks, etc.)

☐ As follows ☐ No relevant assets ☐ Unknown

No.	kinds	Stock name, name of securities company, etc.	Quantity, face value	Appraisal value (yen)	administrator	Materials
1						☐
2						☐
3						☐
4						☐
5						☐
total						

3. Life insurance, non-life insurance, etc. (those for which the deceased is the beneficiary)

☐ As follows ☐ No relevant assets ☐ Unknown

No.	Name of insurance company	Type of insurance	Certificate number	Insurance amount (Amount received) (yen)	Contractor	Materials
1						☐
2						☐
3						☐
4						☐
5						☐

4. Real estate (land)

☐ As follows ☐ No relevant assets ☐ Unknown

No.	Location	Address	Land use Land area (m2)	Notes (Current status, ownership interest, etc.)	Materials
1					☐
2					☐
3					☐
4					☐
5					☐

5. Real estate (buildings)

☐ As follows ☐ No relevant assets ☐ Unknown

No.	Location	House number Type	Floor area (y)	remarks (Current status, ownership interest, etc.)	Materials
1					☐
2					☐
3					☐
4					☐
5					☐

## 6. Claims (loans, damages, etc.)

☐ As follows
 ☐ No relevant assets
 ☐ Unknown

No.	Debtor name (billing address)	Details of the claim	Remaining balance (yen)	remarks	Materials
1					<input type="radio"/>
2					<input type="radio"/>
3					<input type="radio"/>
4					<input type="radio"/>
5					<input type="radio"/>
total					

## 7. Other (automobiles, etc.)

☐ As follows
 ☐ No relevant assets
 ☐ Unknown

No.	kinds	Content	Appraisal value (yen)	remarks	Materials
1					<input type="radio"/>
2					<input type="radio"/>
3					<input type="radio"/>
4					<input type="radio"/>
5					<input type="radio"/>

## 8 Debt

☐ As follows
 ☐ No debt
 ☐ Unknown

No.	Creditor name (payee)	Liabilities	Remaining balance (yen)	Monthly repayment amount (yen)	Materials
1					<input type="radio"/>
2					<input type="radio"/>
3					<input type="radio"/>
4					<input type="radio"/>
5					<input type="radio"/>
total					

\* If the petitioner or candidate for adult guardianship, etc., is related to the individual, please be sure to include information about the petitioner or candidate for adult guardianship, etc. \* Please include as much information as possible about the individual's presumptive heirs and other relatives. (Presumptive heirs are those who will inherit the individual's estate if they were to die. For more details, please refer to 2. "Regarding opinions from relatives.")

This relationship diagram does not apply

If you have a special relationship with your spouse and it is difficult to fill out the form, please use this form as a reference and fill out a separate sheet (A4 size).

Once a petition is filed, it cannot be withdrawn without permission from the family court .

\*Please tick the appropriate box .

		(Guardianship Curatorship Assistance) Petition for commencement etc.	
		*Please tick the box that applies to you.	
		*Please affix the revenue stamp (application fee) here.	
		When guardianship or curatorship begins, 800 yen In the case of commencement of guardianship or assistance + granting of power of attorney or power of consent, 1,400 yen In the case of commencement of guardianship or assistance + grant of power of attorney + grant of consent, 2,400 yen 【注意】貼った収入印紙を消印にしてください。 収入印紙（費用）2,600円はここに貼らないでください。	
Revenue stamp (petition fee)	circle	Semi-oral	Related Case Number year (house)/th issue
Revenue stamp (registration fee)	circle		
Prepaid postage stamps	circle		
Family Court To all branches and sub-branches Reiwa year month day		Complainant or the proceedings Signature and seal of the agent	mark
Monkey standing people	address	Telephone ( ) mobile phone ( )	
	Furigana	y Taisho	
	full name	y Showa Year Month y Heisei ( age)	
	With the person relationship	y Yourself y Spouse y Parent y Child y Grandchild y Sibling y Nephew or niece y Other relatives (relationship: ) y Municipal mayor y Other ( )	
hand Continued Manager Reason people	address (Offices, etc.)	*An agent or lawyer who is authorized by law to take judicial action Please write it down.	
	Telephone ( ) facsimile ( )		
	full name		
Book people	Registered domicile ( nationality )	Metropolitan road Prefecture	
	Resident record top	y Same as the petitioner	
	Address	Telephone ( )	
	actually Lives place	y Same as the address on your residence card *If it is a hospital or facility, please include the location, name, and contact information. Hospital/facility name ( ) Telephone ( )	
	Furigana	y Taisho	
	full name	y Showa Year Month y Heisei ( age)	

Purpose of the petition *Please tick the appropriate box.
<input type="checkbox"/> Request a ruling to commence guardianship of the person in
question. <input type="checkbox"/> Request a ruling to commence curatorship of the person in question. * Please tick the appropriate box below only if necessary . Note that when filing a petition for the commencement of curatorship, there is no need to petition for the granting of consent rights for acts stipulated in Article 13, Paragraph 1 of the Civil Code.
<input type="checkbox"/> The guardian will be granted the power of attorney for the acts listed in the <u>attached list of acts of agency on behalf of the person.</u> Call for judgment.
<input type="checkbox"/> We request a ruling that in addition to the acts provided for in Article 13, Paragraph 1 of the Civil Code, the person must obtain the consent of the guardian in order to perform the following acts ( <u>excluding the purchase of daily necessities and other acts</u> <u>related to daily life</u> ) :
Note
<input type="checkbox"/> Request a ruling to commence assistance for the individual. * Please tick at least one of the boxes below that apply to you.
<input type="checkbox"/> The assistant will be granted the power of attorney for the acts listed in the <u>attached list of agency acts on behalf of the principal.</u> Call for judgment.
<input type="checkbox"/> We request a ruling that the person must obtain the consent of his/her assistant in order to perform any of the acts listed in the attached list of consented <u>acts ( excluding the purchase of daily necessities and other acts related to daily life )</u> .
Grounds for the petition
The person himself, ( <input type="checkbox"/> ) A lack of judgment is a normal state or a (significantly) insufficient state of judgment.
*Please enter the name of the diagnosis (that may affect the individual's ability to make decisions) listed on the medical certificate.
Motivation for filing the petition * Please tick the appropriate box.
The individual must be able to: <input type="checkbox"/> manage and cancel savings, etc. <input type="checkbox"/> receive insurance payments <input type="checkbox"/> manage and dispose of real estate <input type="checkbox"/> inheritance procedures <input type="checkbox"/> litigation procedures, etc. <input type="checkbox"/> nursing care insurance contracts <input type="checkbox"/> personal protection (contracts for admission to welfare facilities, <input type="checkbox"/> ) etc.) <input type="checkbox"/> other (these are necessary.
*Please describe the specific circumstances regarding the reasons and motivations for filing the above petition. If you cannot fit everything in, please use the attached sheet. *Please prepare an A4 size sheet of paper yourself.

Candidates for adult guardianship, etc.	̳ Entrusted to the family court * No need to fill in the rest of this section ̳ Petitioner * If the petitioner is a candidate, no need to fill in the rest of this section ̳ Other than the petitioner [ ̳ Persons listed below ̳ Persons listed on the attached sheet ̳ ] ̳ Please prepare your own A4 size paper.		
	address	Telephone (                      )                      mobile phone                      (                      )	
	Furigana	̳ Showa                      Date of birth (year)	
	full name	̳ Heisei	
	Relationship with the person	̳ Relatives: ̳ Spouse ̳ Parents ̳ Children ̳ Grandchildren ̳ Siblings) ̳ Nephews and nieces ̳ Other (Relationship: ̳ Non-relatives: (Relationship:                      )	

Appeal for procedural costs  ̳ I would like the costs of the procedure to be borne by the applicant.  * All or part of the application fee, delivery and mailing costs, guardianship registration fees, and appraisal costs shall be borne by the individual. It may be permitted to do so.
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Attached documents	* One copy of the same document per person is sufficient. If necessary for the hearing, you may be asked to submit additional documents. *Please be careful not to submit documents that include your personal identification number (My Number).  ̳ Certified copy of the person's family register (certificate of all matters)  ̳ Resident card or family register attachment of the person  ̳ Resident card or family register attachment of the candidate for adult guardianship, etc.  (If the candidate for adult guardianship, etc. is a corporation, a certified copy of the corporation's commercial register (certificate of registered matters) Certificate)  ̳ Medical certificate of the person ̳ Copy of personal information sheet ̳ Documents related to the person's health condition ̳ Certificate that the person is not registered as an adult ward, etc. ̳ Documents related to the person's assets ̳ Documents related to undivided inherited assets of which the person is an heir ̳ Documents related to the person's income and expenditures ̳ (If consent rights or power of attorney are requested in a petition for the commencement of curatorship or assistance) Documents related to actions requiring consent or power of attorney (copies of contracts, etc.) ̳ If the candidate for adult guardianship has engaged in financial transactions with the person, Related documents (materials related to item 4 of the explanation of circumstances of the guardian etc. candidate)
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## Income and Expenditure Forecast

[April 2021 edition]

Reiwa Year Month Day Author name

mark

The individual's ( ) income and expenditure plan is as follows:

\* Please enter the following income and expenditure information. If you have the necessary documents, check the box in the "Documents" column and provide the relevant documents.

Please attach copies of the documents. Also, please attach copies of the documents so that the correspondence with the income and expenditure forecast can be seen.

Please add the corresponding number to the top right corner of the income and expenditure table.

If it is a copy of the document "No. 2 National Pension," please write "Collection 1-2" in the upper right corner of the copy of the document.

Sai.)

\* If there are not enough spaces to record income and expenditures, make copies of this form and write the numbers in the "No." column consecutively.

Please reattach it so that it fits properly.

## 1. Regular income of the individual

No.	Name, provider, etc.	Monthly amount (yen)	Deposit account, frequency, etc.	Materials
1	Employees' Pension Insurance		Transfer to the account number of the property inventory deposit account number	ŷ
2	National Pension		Transfer to the account number of the property inventory deposit account number	ŷ
3	Other pensions ( )		Transfer to the account number of the property inventory deposit account number	ŷ
4	Welfare assistance, etc. ( )		Transfer to the account number of the property inventory deposit account number	ŷ
5	Salary, executive compensation, etc.		Transfer to the account number of the property inventory deposit account number	ŷ
6	Rental income (rent, land rent, etc.)		Transfer to the account number of the property inventory deposit account number	ŷ
7			Transfer to the account number of the property inventory deposit account number	ŷ
8			Transfer to the account number of the property inventory deposit account number	ŷ
Total income (monthly) =		Yen	Annual amount (monthly fee x 12 months) =	circle

## 2. Regular expenses of the individual

No.	Items	Monthly amount (yen)	Withdrawal account, frequency, payment method, etc.	Materials
1	Food and daily necessities			ŷ
2	Electricity, gas, water, etc.		Automatic deduction from the account with the asset inventory deposit number	ŷ
3	living expenses communication costs		Automatic deduction from the account with the asset inventory deposit number	ŷ
4			Automatic deduction from the account with the asset inventory deposit number	ŷ
5			Automatic deduction from the account with the asset inventory deposit number	ŷ
6	Facility fees		Automatic deduction from the account with the asset inventory deposit number	ŷ
7	Hospitalization fees, medical expenses, and medication costs		Automatic deduction from the account with the asset inventory deposit number	ŷ
8	Medical expenses		Automatic deduction from the account with the asset inventory deposit number	ŷ
9			Automatic deduction from the account with the asset inventory deposit number	ŷ
10			Automatic deduction from the account with the asset inventory deposit number	ŷ

11	Housing costs	rent		¥ Automatic deduction from the account with the asset inventory deposit number	¥
12		land rent		¥ Automatic deduction from the account with the asset inventory deposit number	¥
13				¥ Automatic deduction from the account with the asset inventory deposit number	¥
14				¥ Automatic deduction from the account with the asset inventory deposit number	¥
15				¥ Automatic deduction from the account with the asset inventory deposit number	¥
16	tax	Property tax		¥ Automatic deduction from the account with the asset inventory deposit number	¥
17		income tax		¥ Automatic deduction from the account with the asset inventory deposit number	¥
18		Resident tax		¥ Automatic deduction from the account with the asset inventory deposit number	¥
19				¥ Automatic deduction from the account with the asset inventory deposit number	¥
20				¥ Automatic deduction from the account with the asset inventory deposit number	¥
Monthly cost	Insurance premiums	National health insurance premiums		¥ Automatic deduction from the account with the asset inventory deposit number	¥
Monthly fee		Nursing care insurance premiums		¥ Automatic deduction from the account with the asset inventory deposit number	¥
Monthly share		Life (non-life) insurance premiums		¥ Automatic deduction from the account with the asset inventory deposit number	¥
Monthly fund				¥ Automatic deduction from the account with the asset inventory deposit number	¥
Monthly fee				¥ Automatic deduction from the account with the asset inventory deposit number	¥
26	others	Debt repayment		¥ Automatic deduction from the account with the asset inventory deposit number	¥
27		pocket money			¥
28				¥ Automatic deduction from the account with the asset inventory deposit number	¥
29				¥ Automatic deduction from the account with the asset inventory deposit number	¥
30				¥ Automatic deduction from the account with the asset inventory deposit number	¥
31				¥ Automatic deduction from the account with the asset inventory deposit number	¥
32				¥ Automatic deduction from the account with the asset inventory deposit number	¥
33				¥ Automatic deduction from the account with the asset inventory deposit number	¥
Total expenses (monthly) =			Yen	Annual amount (monthly fee x 12 months) =	circle

Monthly	(Total Income) - (Total Expenses) = +/-	circle
Annual fee	(Total Income) - (Total Expenses) = +/-	circle



## Explanation of the application circumstances

\*Please write this down yourself. If you are unable to write it down, someone who understands your situation well can write it down.

Please write it down.

\* Please write freely for the written questions. For multiple choice questions, please check the appropriate box.

Please add:

Reiwa month \_\_\_\_\_ day \_\_\_\_\_

Creator's name \_\_\_\_\_ mark \_\_\_\_\_

(If the preparer is other than the applicant, the relationship to the applicant: \_\_\_\_\_ )

Address of the preparer (including the petitioner)

☐ As stated in the petitioner column of the petition

☐ As follows

\_\_\_\_\_ - \_\_\_\_\_

address: \_\_\_\_\_

Telephone contact from the court

Weekdays (9:00 AM - 5:00 PM): Phone \_\_\_\_\_ )

( ☐ Mobile phone ☐ Home ☐ Work )

•Is there any problem with calling using the name of the court? ☐Yes, ☐No,

•If there are any points to be kept in mind when contacting the court (such as times when it is difficult to make a phone call),

Please specify if necessary.

\_\_\_\_\_

[About the individual's situation]

1. About the individual's place of residence

(1) Current living location

☐ Home or relatives' home

Cohabitants ☐ ☐ None (living alone)

☐ Yes \*Please enter the names of those living with you and their relationship to you.

(Name: Relationship to the person: ) \_\_\_\_\_

(Name: Relationship to the person: ) \_\_\_\_\_

(Name: Relationship to the person: ) \_\_\_\_\_

Nearest public transportation (Please fill in as much information as possible.)

(Train) Nearest station: \_\_\_\_\_ line \_\_\_\_\_ station

(Bus) Nearest bus stop: ☐ \_\_\_\_\_ bus( \_\_\_\_\_ Going) \_\_\_\_\_ Get off

Hospital or facility (Date of hospitalization or admission: Showa, Heisei, Reiwa Year Month \_\_\_\_\_ day)

Name: \_\_\_\_\_

Location: ☐- \_\_\_\_\_

Staff member in charge: Name: \_\_\_\_\_ post: \_\_\_\_\_

Contact: Phone number \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Nearest public transportation (Please fill in as much information as possible.)

(Train) Nearest station: (Bus) \_\_\_\_\_ line \_\_\_\_\_ station

Nearest bus stop: \_\_\_\_\_ bus( \_\_\_\_\_ Going) \_\_\_\_\_ Get off

(2) Plans for moving, admission to a facility, or transfer to another hospital

\*If you move, are hospitalized, or are transferred to another hospital after filing your petition, please notify the family court promptly.

☐ No plans.

☐ I have plans (☐ Moving ☐ Entering a facility ☐ Transferring to another hospital)

Period: Around May 2020 \_\_\_\_\_

Name of facility/hospital, etc.: \_\_\_\_\_

Address of new address, facility, hospital, etc.: Postal code - \_\_\_\_\_

2. Please provide as much of your personal history as possible (family relationships (marriage, childbirth, etc.), highest level of education, and main work history).

It's lame.

year month	Family relationships	year month	Highest level of education and major work experience
•	birth	•	
•		•	
•		•	
•		•	
•		•	

3. Please describe the patient's medical history (disease name, time of onset, medical visit history, hospitalization history) to the extent that you know it.

Disease name: \_\_\_\_\_

Onset time: \_\_\_\_\_ Around the year/month

Outpatient history: \_\_\_\_\_ Around year month ~ around \_\_\_\_\_ Around the year/month

Hospitalization history: \_\_\_\_\_ year month ~ \_\_\_\_\_ Around the year/month

Disease name: \_\_\_\_\_

Onset time: \_\_\_\_\_ Around the year/month

Outpatient history: \_\_\_\_\_ Around year month ~ around \_\_\_\_\_ Around the year/month

Hospitalization history: \_\_\_\_\_ year month ~ \_\_\_\_\_ Around the year/month

4. Whether or not you have been certified for welfare

\*Please circle the applicable number.

☐ Nursing care certification (Certification date: Month) \_\_\_\_\_ year \_\_\_\_\_

☐ Support required (1, 2) ☐ Nursing care required (1, 2, 3, 4, 5)

☐ Not applicable ☐ Certification process in progress

☐ Disability support category (certification date: year month) \_\_\_\_\_

☐ Category (1, 2, 3, 4, 5, 6) ☐ Not applicable ☐ Certification process in progress

☐ Rehabilitation Handbook (such as the Love Handbook) (Name of handbook: ) (Determination: ☐ Mental Health \_\_\_\_\_ )  
and Welfare Handbook (1st, 2nd, 3rd grade)

☐ Physical disability (1st, 2nd, 3rd, 4th, 5th, 6th grade)

certificate ☐ Neither.

5. Regarding the individual's daily and social life situation

☐ Submit a copy of the individual information sheet.

\* The following items (1) to (6) are not required.

☐ Do not submit a copy of the personal information sheet.

\*Please fill in the following items (1) to (6) to the best of your knowledge.

(1) Physical and daily living functions

Please indicate whether you require assistance with daily life such as eating, bathing, changing clothes, and moving around.

By using home modifications and assistive devices, they are able to carry out daily life without the assistance of others.

If so, please check "No support needed."

☐ No support is needed.

☐ Some assistance is needed.

\* Please specify the support you require.

\_\_\_\_\_  
☐ Full support is needed.

If any changes to the support system or additional measures are required in the future, please describe the details.

It's lame.

(2) Cognitive function

Does it fluctuate from day to day? ☐ Yes ☐ No

\*Please check the boxes from A to D below (if you select "Yes", please keep in mind the good condition.

Please tick.)

A. Communication of intentions regarding everyday actions

\* "Daily activities" include daily routines such as eating, bathing, and responding to visiting welfare service providers.

Imagine what would happen in the person's everyday living environment.

☐ Able to communicate intentions to others.

(Able to communicate one's intentions to an extent that does not cause problems in daily life.)

☐ It may not be possible to communicate.

(Sometimes, being unable to communicate one's intentions accurately can cause problems in daily life.)

☐ Almost unable to communicate.

(They can communicate very simple intentions such as being hungry or sleepy, but they cannot communicate other intentions.

I can't tell you about it.)

☐ I can't.

(They are unable to communicate even the simplest of intentions.)

B. Understanding of everyday activities ÿ Can

understand. (Can

answer questions about wake-up and bedtime times, what to eat, etc.) ÿ Sometimes cannot

understand. (Can sometimes answer

questions about the above points and sometimes cannot.) ÿ Can barely

understand. (Can often not answer

questions about the above points.) ÿ Can't understand.

(Basically cannot

answer questions about the above points.)

C. Regarding short-term memory for everyday actions: ÿ Can

remember. (Can

correctly answer about what they were doing immediately before or what was

shown.) ÿ May not remember. (Sometimes

can answer about the above points and sometimes can't.) ÿ Can barely

remember. (Often can't answer

about the above points.) ÿ Can't remember. (Basically can't

answer about the above

points.)

Regarding whether the person in question is aware of their family,

etc. ÿ They are aware of them correctly.

(I can correctly recognize family members or friends I do not see on a daily basis when I meet them.) ÿ

There are some areas where I am unable to

recognize them. (I can generally recognize family members or friends I see on a daily basis, but have difficulty

with others.) ÿ I am barely able to

recognize them. (I often cannot recognize family members or friends I see on a daily basis when I meet them.)

ÿ Not recognized.

(I am generally unable to recognize family members, friends, or acquaintances whom I see on a daily basis.)

(3) Behavioral disorders that interfere with daily life and social life \* "Behavioral

disorders" are disorders that interfere with social life in various situations, such as not being able to return home after going out, breaking things, or shouting.

This refers to behavior that is inappropriate in light of the

child's purpose or objectives. ÿ No disruptive behavior. ÿ Almost no disruptive behavior. ÿ Occasionally

disruptive behavior. ÿ Some disruptive behavior. \* Please state the specific content and

frequency of the disruptive behavior, and indicate whether support is provided for the behavior.

If necessary, please also describe the specific details of the support.

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(4) Frequency of interaction with society and the local community

A. The individual is able to carry out daily activities such as interacting with family and friends, using nursing care services, shopping, and engaging in hobbies.

Please answer the following questions regarding the frequency of contact with society and the local community.

Sai.

ÿ More than once a week ÿ More than once a month ÿ Less than once a month

Please provide specific details about the exchange.

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(5) Daily decision-making

\*"Daily decision-making" refers to decisions about activities in daily life.

ÿ Yes, you can.

(Able to make decisions in all aspects of daily life activities.)

ÿ Yes, except in special cases.

(Decisions can be made about TV programs, menus, clothing, etc., but treatment plans and living environment  
Decisions on changes require guidance and support.)

ÿ It is difficult on a daily basis.

(They can make decisions about television programs, menus, clothing, etc.)

ÿ I can't.

(I am completely unable to make decisions or I'm not sure if I can make decisions.)

(6) Money Management

\* "Financial management" refers to understanding, managing, and calculating the income and expenditure of money you have.

ÿ Managed by the person in question.

(The individual is in full control of his/her large assets and securities.)

ÿ Managed by the individual with the support of a relative or third party.

(The individual manages their own living expenses, etc., while the bankbook is kept by the account holder.)

ÿ Supporter (Name: \_\_\_\_\_ Relationship with the person: \_\_\_\_\_)

Details of support \_\_\_\_\_)

(ÿ Managed by a relative or third party.

(The individual's daily living expenses are paid and managed by a third party.)

ÿ Administrator (Name: \_\_\_\_\_ Relationship to the person: \_\_\_\_\_)

Contents of management ( \_\_\_\_\_)

[About the circumstances of the

petition] 1. The person in question has not used the procedures of the adult guardianship system of the family court or been appointed by someone.

Have you ever entered into a guardianship agreement?

ÿ None

ÿ Yes ÿ

\_\_\_\_\_ Around the year/month

ÿ I have used the procedures of the family court's adult guardianship system.

Court used: Family Court branch/sub-branch \_\_\_\_\_

Case number: Year (House) No. \_\_\_\_\_

ÿ Guardianship begins ÿ Curatorship begins ÿ Assistance begins ÿ Other ( \_\_\_\_\_)

Name of petitioner: \_\_\_\_\_

ÿ I have previously entered into a voluntary guardianship contract.

Affiliation of the notary public who prepared the notarized \_\_\_\_\_ Legal Affairs Bureau

document: Certificate number: \_\_\_\_\_ Date of \_\_\_\_\_ issue

preparation of the document: \_\_\_\_\_ Month, Year Registration number: \_\_\_\_\_ day

No. Name of voluntary guardian: \_\_\_\_\_  
\_\_\_\_\_

## 2. Has the person in question been informed that this procedure will be carried

out? \* If the person in question is the petitioner, no need

to fill in this information. ÿ The petition has been explained to the person

and the person is aware of it. The person's opinion regarding the petition ÿ Agree ÿ Disagree ÿ Unknown

The person's opinion regarding the candidate for guardian etc. ÿ Agree ÿ Disagree ÿ Unknown

ÿ I was told about filing a petition, but I don't understand. ÿ I

wasn't told about filing a petition, and I don't know. ÿ

Other ( \_\_\_\_\_ )

## 3. Regarding the person's presumed heirs

(1) Please enter the names, addresses, etc. of the person's presumed heirs to the extent that they are known.

\* If there is not enough space, please fill in the attached sheet ÿ. ÿPlease prepare A4 size paper yourself. \*Presumed heirs are those who will inherit if the person dies. Specifically, "relatives"

Please refer to Section 2 of "Regarding the Opinion Letter."

\* Please check the box that corresponds to your opinion regarding this petition in the "Opinion 1" column, and your opinion regarding the guardianship candidate in the "Opinion 2" column. ("Entrust" means leaving it to the discretion of the family court.)

Name	Age	Relationship	address	Opinion 1	Opinion 2 ÿ
			_____	Agree ÿ Agree ÿ Oppose ÿ	
			_____	Oppose ÿ Leave it to me ÿ	
			_____	Leave it to me ÿ Unknown ÿ	
			_____	Unknown ÿ Agree ÿ Agree	
			_____	code	
			_____	ÿ Oppose ÿ Oppose ÿ Leave	
			_____	it to me ÿ Leave it to me ÿ	
			_____	Unknown ÿ Unknown ÿ	
			_____	Agree ÿ Agree ÿ Oppose ÿ	
			_____	Oppose ÿ Leave it to me ÿ	
			_____	code	
			_____	Oppose ÿ Leave it to me ÿ	
			_____	Leave it to me ÿ Unknown ÿ	
			_____	Agree ÿ Agree ÿ Oppose ÿ	
			_____	Oppose ÿ Leave it to me ÿ	
			_____	Leave it to me	
			_____	code	
			_____	ÿ As stated in the relative's opinion	

			<input type="checkbox"/> Same as the person	<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	
			<input type="checkbox"/> As stated in the relative's opinion <input type="checkbox"/> Same as the person concerned Postal code	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Leave it to me <input type="checkbox"/>	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Leave it to me <input type="checkbox"/>
			<input type="checkbox"/> As stated in the relative's opinion <input type="checkbox"/> Same as the person	<input type="checkbox"/> Unknown <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Leave it to me <input type="checkbox"/>	<input type="checkbox"/> Unknown <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Leave it to me <input type="checkbox"/>

(2) If there are any of the people listed in (1) who have expressed their opposition to this petition, whose intentions are unknown, or who have not submitted a statement of their family's opinion, please provide their names and the reasons for their opposition.

Name	Reason etc.
	<input type="checkbox"/> As stated in the relative's opinion
	<input type="checkbox"/> As stated in the relative's opinion
	<input type="checkbox"/> As stated in the relative's opinion
	<input type="checkbox"/> As stated in the relative's opinion
	<input type="checkbox"/> As stated in the relative's opinion

4 If there is a welfare institution that has consulted with or provided assistance to the individual, please check the box and enter the name of that institution.

☐ Community Comprehensive Support Center \_\_\_\_\_  
 (Name: ☐ Rights Advocacy Center (Name: ☐ \_\_\_\_\_  
 Social Welfare Council (Name: ☐ Other \_\_\_\_\_  
 (Name: ☐ There is no welfare institution that I \_\_\_\_\_))  
 consulted or received assistance from.

5. If there is a candidate for adult guardianship, please state the reasons why that person is suitable to be a guardian.

If you leave it to the family court to decide, please state the reason and circumstances (e.g., there are no family members nearby who could be candidates). \*The family court may decide to appoint someone other than the candidate as an adult guardian.

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6. Is it possible for the person in question to come to the family court?

ÿ Yes, it is possible.

ÿ Impossible or difficult.

reason: 

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7. Points to note when asking the person about the circumstances of the application (matters to be considered regarding the person's mental state, etc.)

Please indicate if applicable.

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# Property Inventory

Reiwa Year Month Date Creator's name Seal \_\_\_\_\_

The details of the individual's assets are as follows:

\* Check the appropriate box for whether or not you have assets from 1 to 9 below and enter the details.

Please.

\* If you have documents related to the assets listed below from 1 to 8, check the box in the "Documents" column.

Please attach a copy of the relevant documents. Also, please attach a copy of the documents so that the correspondence with the property inventory can be seen.

Please write the corresponding number in the upper right corner. (For example, in the property inventory, under "1. Savings and cash" there is "No. 2"

If it is a copy of a document, please write "Zai 1-2" in the upper right corner of the copy of the document.)

\* If there are not enough spaces to list each asset, make a copy of this form and write the numbers in the "No." column consecutively.

Please reattach it.

## 1. Savings and cash

☐ As follows ☐ No relevant assets ☐ Unknown

\* In the "Account type" column, ordinary deposits and regular savings are marked "Regular", and fixed-term deposits and fixed-amount savings are marked "Term".

Check the box, and for other types, check the box in the column below and enter the name of the type.

No.	Name of financial institution	Branch name	Account type	Account number	Last confirmation date	Balance (yen)	administrator	Materials
1			☐Permanent ☐Set ☐					☐
2			☐Permanent ☐Set ☐					☐
3			☐Permanent ☐Set ☐					☐
4			☐Permanent ☐Set ☐					☐
5			☐Permanent ☐Set ☐					☐
6			☐Permanent ☐Set ☐					☐
7			☐Permanent ☐Set ☐					☐
8			☐Permanent ☐Set ☐					☐
9			☐Permanent ☐Set ☐					☐
10			☐Permanent ☐Set ☐					☐
Cash (money held other than savings)								
total								

## 2. Securities, etc. (stocks, investment trusts, government bonds, corporate bonds, foreign currency deposits, bills, checks, etc.)

☐ As follows ☐ No relevant assets ☐ Unknown

No.	kinds	Stock name, name of securities company ,	quantity, face value	Valuation (yen)	Administrator	Materials
1						☐
2						☐
3						☐
4						☐
5						☐
total						

3. Life insurance, non-life insurance, etc. (in which the individual is the policyholder or beneficiary)

☐ As follows ☐ No relevant assets ☐ Unknown

No.	Name of insurance company	Type of insurance	Certificate Number	Insurance amount (Amount received) (yen)	Contractor	Recipient	Materials
1							☐
2							☐
3							☐
4							☐
5							☐

4. Real estate (land)

☐ As follows ☐ No relevant assets ☐ Unknown

No.	Location	Address	Land use	Land area (m2)	remarks (Current status, ownership interest, etc.)	Materials
1						☐
2						☐
3						☐
4						☐
5						☐

5. Real estate (buildings)

☐ As follows ☐ No relevant assets ☐ Unknown

No.	Location	House number type	Floor area (m2)	remarks (Current status, ownership interest, etc.)	Materials
1					☐
2					☐
3					☐
4					☐
5					☐

6. Claims (loans, damages, etc.)

☐ As follows ☐ No relevant assets ☐ Unknown

No.	Debtor name (billing address)	Details of the claim	Remaining balance (yen)	remarks	Materials
1					☐
2					☐
3					☐
4					☐
5					☐

total			
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## 7. Other (automobiles, etc.)

☐ As follows
 ☐ No relevant assets
 ☐ Unknown

No.	Content Type		Appraisal value (yen)	remarks	Materials
1					<input type="checkbox"/>
2					<input type="checkbox"/>
3					<input type="checkbox"/>
4					<input type="checkbox"/>
5					<input type="checkbox"/>

## 8 Debt

☐ As follows
 ☐ No debt
 ☐ Unknown

No.	Creditor name (payee)	Liabilities	Remaining balance (yen)	Monthly repayment amount (yen)	Materials
1					<input type="checkbox"/>
2					<input type="checkbox"/>
3					<input type="checkbox"/>
4					<input type="checkbox"/>
5					<input type="checkbox"/>
total					

## 9. Undivided inherited property (estate of which the individual is the heir)

☐ I have inherited assets (please prepare and submit an inventory of inherited assets).

☐ No inherited property (There is no need to prepare an inherited property inventory.)

☐ Unknown (There is no need to prepare an inventory of inherited assets.)