



21815 Oak Park Trails Drive Katy TX 77450
Tel: 281-646-0644 Fax: 281-676-3758

Date: _____

Client Information Form (Guardianship)

First Name _____ Middle Name _____ Family Name _____

Date of Birth _____ Birthplace _____ SSN# _____ DL# _____

Current Address _____

City _____ State _____ Zip _____ County _____

Telephone: Home _____ Cell _____ Work _____

Email _____

Have you ever been convicted of a felony? _____

If Yes, please explain: _____

Have you ever been convicted of a misdemeanor other than a minor traffic violation? _____

If Yes, please explain: _____

Relationship to Proposed Ward: _____

PROPOSED WARD INFORMATION:

First Name: _____ Middle Name: _____ Family Name _____

Date of Birth _____ Birthplace _____ SSN# _____

Street Address: _____

City: _____ State _____ Zip _____ County _____

Does the Proposed Ward live independently? _____

Does the Proposed Ward operate a motor vehicle? _____

Marital Status of Proposed War (Married, Single, Divorced, Widowed?): _____

Name of Proposed Ward's spouse or significant other? _____

How many children did the Proposed Ward have? _____

Please provide the names and contact information of each child of the Proposed Ward below:

Name _____ Date of Birth _____

Address _____

Telephone _____ Email Address _____

Name of other parent _____

Name _____ Date of Birth _____

Address _____

Telephone _____ Email Address _____

Name of other parent _____

Name _____ Date of Birth _____

Address _____

Telephone _____ Email Address _____

Name of other parent _____

Name _____ Date of Birth _____

Address _____

Telephone _____ Email Address _____

Name of other parent _____

Has the Proposed Ward's capacity been evaluated by a medical doctor? _____

If yes, Doctor's name _____ Capacity level _____

Has the Proposed Ward been diagnosed with Alzheimer's or Dementia? _____

If yes, Doctor's name _____ Diagnosis _____

Has the Proposed Ward been diagnosed with any other relevant medical issues effecting?

If yes, please list doctor and diagnosis _____

Can the Proposed Ward provide their own care (personal hygiene, dressing, cooking, cleaning, etc.)? _____

If no, please explain _____

Can the Proposed Ward manage their finances (paying bills on time, not prey to scams, etc.)? _____

If no, please explain _____

Is the Proposed Ward against having a Guardianship established? _____

If yes, please explain _____

If no, who does Proposed Ward want to serve as his/her Guardian? _____

Is there an open Adult Protection Services investigation? _____

If Yes, please list out available details: _____

Do you anticipate anyone contesting a Guardianship for the Proposed Ward? _____

If yes, who and why? _____

Is there a previous or pending Guardianship litigation for the Proposed Ward? _____

Cause No. _____ County _____ Court _____

Date Initiated _____ Pending Hearing Date _____

Subject of litigation _____

If litigation is closed, what was the result? _____

Does the Proposed Ward have any of the following estate planning documents?

Durable Power of Attorney Who is designated as agent? _____

Medical Power of Attorney Who is designated as agent? _____

Designation of Guardian Who is designated as Guardian? _____

HOW DID YOU HEAR ABOUT OUR PRACTICE?

Internet Search/LIVING Magazine (Katy)/Cinco Ranch Newsletter/Cross Creek Ranch Newsletter/Yellow Pages/Local Directory/Referred (if you were referred please indicate by whom)
