



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)

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