

## Client Interview Sheet - Guardianship

Date:  Client Name:

MM/DD/YYYY

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in strict confidence.

### 1. PROSPECTIVE GUARDIAN

Full Name:

Last

First

Middle

Maiden

Date of Birth:  Social Security Number:  Married:  Yes  No

MM/DD/YYYY

123-45-6789

#### Current contact information for prospective guardian

Home Address:

Current Residential Street Address

Suite/Apt.

City

State

Zip Code

Other Address:

Work or PO Box Address

Suite/Apt.

City

State

Zip Code

Home Telephone:  Cellphone:  Fax:

( ) -

( ) -

( ) -

Email:  How do you prefer that we contact you:  Home Address  Other Address  Home Phone  
 Cellphone  Fax  Email

### 2. PROSPECTIVE CO-GUARDIAN

Full Name:

Last

First

Middle

Maiden

Date of Birth:  Social Security Number:  Married:  Yes  No

MM/DD/YYYY

123-45-6789

#### Current contact information for prospective co-guardian (if different from prospective guardian)

Home Address:

Current Residential Street Address

Suite/Apt.

City

State

Zip Code

Other Address:

Work or PO Box Address

Suite/Apt.

City

State

Zip Code

Home Telephone:  Cellphone:  Fax:

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Email:  How do you prefer that we contact you:  Home Address  Other Address  Home Phone  
 Cellphone  Fax  Email

3. Part of the requirement of being a guardian is the financial ability to obtain a bond, which is based in part on your credit score/history. Please describe your credit score/history:

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

4. You must have the educational background and experience to handle the affairs, personal and financial of the person needing the guardianship. Please briefly describe your educational background and experience that would qualify you to be a guardian:

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

5. Do you owe the person needing a guardianship any money?  Yes  No

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

6. Have you ever been convicted of a felony or a crime involving moral turpitude (conduct that is considered contrary to community standards of justice, honesty, or good morals):  Yes  No

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

### Proposed Ward

(The person who needs a guardian)

1. Full Name: \_\_\_\_\_  
Last First Middle Maiden

Current Address: \_\_\_\_\_  
Current Residential Street Address Suite/Apt. City State Zip Code

Telephone: \_\_\_\_\_ ( ) - \_\_\_\_\_ If address is a residential facility, name of administrator: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Married:  Yes  No  
MM/DD/YYYY 123-45-6789

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

2. Does the Proposed Ward have a job?  Yes  No If yes, what is it? \_\_\_\_\_

3. What is your relationship to the Proposed Ward? \_\_\_\_\_

4. Please check the guardianship you are seeking:

- Guardianship of person and estate       Guardianship of person Only       Guardianship of estate only

5. Why is a guardian is needed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe the nature and degree of the alleged incapacity, including any physical, mental or emotional issues of the Proposed Ward: \_\_\_\_\_  
\_\_\_\_\_

7. Why do you want to be the guardian? \_\_\_\_\_  
\_\_\_\_\_

8. Is any potential guardian indebted to the Proposed Ward?  Yes  No      If so, who? \_\_\_\_\_

9. Are you or any potential guardian a party to a lawsuit against the Proposed Ward?  Yes  No  
If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

10. If you do not want to be the guardian, who do you recommend to be the guardian? \_\_\_\_\_

11. Is there a guardianship of any kind for the proposed ward, in Texas or any other state?  Yes  No  
If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

12. Is there a lawsuit of any kind in Texas or any other state, involving the Proposed Ward?  Yes  No

13. Is there anyone who might object to you as the guardian?  Yes  No  
If so, describe who and why: \_\_\_\_\_  
\_\_\_\_\_

14. Name and address of any person who holds power of attorney and description of power of attorney, if any. Please attach.  
Legal name: \_\_\_\_\_  
Permanent address: \_\_\_\_\_  
Description of power of attorney: \_\_\_\_\_

## Relatives of the Proposed Ward

### 1. SPOUSE

Full Name:      
Last First Middle Maiden

Current Address:       
Current Residential Street Address Suite/Apt. City State Zip Code

Telephone:   
( ) -

### 2. PARENTS

Full Name:      
Last First Middle Maiden

Current Address:       
Current Residential Street Address Suite/Apt. City State Zip Code

Telephone:   
( ) -

Full Name:      
Last First Middle Maiden

Current Address:       
Current Residential Street Address Suite/Apt. City State Zip Code

Telephone:   
( ) -

### 3. SIBLINGS/ADULT CHILDREN (USE ADDITIONAL SHEETS IF NECESSARY):

Full Name:      
Last First Middle Maiden

Current Address:       
Current Residential Street Address Suite/Apt. City State Zip Code

Telephone:  Relationship:  Age:   
( ) -

Full Name:      
Last First Middle Maiden

Current Address:       
Current Residential Street Address Suite/Apt. City State Zip Code

Telephone:  Relationship:  Age:   
( ) -

*siblings continued...*

Full Name:      
Last First Middle Maiden

Current Address:       
Current Residential Street Address Suite/Apt. City State Zip Code

Telephone:   Relationship:  Age:   
( ) -

Full Name:      
Last First Middle Maiden

Current Address:       
Current Residential Street Address Suite/Apt. City State Zip Code

Telephone:   Relationship:  Age:   
( ) -

4. If each of the Proposed Ward's parents and siblings are deceased, provide the names and addresses of the Proposed Ward's next of kin who are adults:

5. If the Proposed Ward is a minor, indicate whether the minor was subject of a legal or conservatorship proceedings and, if so, the court involved, the nature of the proceeding, and the final disposition, if any, of the proceeding:

**6. PROPOSED WARD'S PHYSICIAN(S)**

Name of Physician:

Office Address:       
Office Street Address Suite/Apt. City State Zip Code

Telephone:   Date of last examination:   
( ) - MM/DD/YYYY

Do you have a physician's letter:  Yes  No Date of letter:   
MM/DD/YYYY

## Estate

*(Complete this section ONLY if you seek Guardianship of the Estate)*

1. Real estate (give address or location and general description): \_\_\_\_\_  
\_\_\_\_\_

Approximate value: \$ \_\_\_\_\_

2. Income (pension, SSI, retirement) amounts per month: \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Cash (bank notes, stocks, bonds, investments) amounts: \$ \_\_\_\_\_  
\_\_\_\_\_

4. Personal property (Vehicles, boats, collections, household goods): \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate value: \$ \_\_\_\_\_