

Date: \_\_\_\_\_

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

## **GUARDIANSHIP**

### **CLIENT QUESTIONNAIRE:**

Please begin filling out this questionnaire. It is important that you answer each question fully.

It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies, and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

### **NOTICE OF CONFIDENTIALITY**

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF CIVIL EVIDENCE. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

**FOR OFFICE USE:**

Ret.: \_\_\_\_\_ Type: STD|PPL|LP|H|A

OL: WTA|JAY|JJM|MMP|BWC|MAC|JCO|CHN|NMB|MRD|TMM|NMO

RL: WTA|JAY|JJM|MMP|BWC|MAC|JCO|CHN|NMB|MRD|TMM|NMO



**ABOUT YOU:**

1. Please give your *full* name, date and place of birth, and Social Security number.

Full legal name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ City and State where born: \_\_\_\_\_  
Social Security number: \_\_\_\_\_  
Driver's license number: \_\_\_\_\_

2. Where are you living now and what is your phone number?

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Home phone (if different from above): \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

3. How do you prefer that we contact you?

Mail       Home phone       Cell phone       Email

4. At what address do you wish to receive mail from this office? \_\_\_\_\_  
\_\_\_\_\_

5. How were you referred to our office?

Personal referral by \_\_\_\_\_ to \_\_\_\_\_ ATTORNEY  
Church referral from \_\_\_\_\_ to \_\_\_\_\_ ATTORNEY

<b>Internet:</b>	<b>Newspaper/Magazine:</b>	<b>Insurance:</b>	<b>Yellow Pages:</b>
<input type="checkbox"/> Google	<input type="checkbox"/> Dallas Morning News	<input type="checkbox"/> Prepaid Legal/Legal Shield	<input type="checkbox"/> AT&T Yellow Pages
<input type="checkbox"/> Law.com	<input type="checkbox"/> Plano Profile	<input type="checkbox"/> Hyatt Legal	<input type="checkbox"/> Town Yellow Pages
<input type="checkbox"/> Find Law	<input type="checkbox"/> Frisco Style	<input type="checkbox"/> ARAG	
<input type="checkbox"/> Super Lawyers	<input type="checkbox"/> McKinney/Prosper	<input type="checkbox"/> Law Point	<b>Other:</b>
<input type="checkbox"/> Avvo	<input type="checkbox"/> D Magazine/D CEO		<input type="checkbox"/> Previous client

**Other:** \_\_\_\_\_

6. **Have you consulted or retained any other attorneys on this matter before coming to this office?** \_\_\_\_\_ If so, please state who and when: \_\_\_\_\_

7. **Please complete the following information concerning your employment.**

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ May we call you at work? \_\_\_\_\_

Gross salary per month or annually: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Education: \_\_\_\_\_

**ABOUT YOUR PROPOSED WARD:**

8. **Please give the full name, date and place of birth, sex and Social Security number of each ward.**

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

Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Name of biological parent(s): \_\_\_\_\_

\_\_\_\_\_

Last known address for that/those person(s): \_\_\_\_\_

\_\_\_\_\_

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

Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Name of biological parent(s): \_\_\_\_\_

\_\_\_\_\_

Last known address for that/those person(s): \_\_\_\_\_

\_\_\_\_\_

9. **Guardianship of (check one):**

Person                       Estate                       Both

10. **Will there be a dispute over the guardianship?** \_\_\_\_\_

If yes, please explain nature of expected dispute: \_\_\_\_\_

---

---

---

11. **What is the nature and degree of the alleged incapacity (if applicable)?** \_\_\_\_\_

---

---

---

12. **What are the specific areas of protection and assistance requested?** \_\_\_\_\_

---

---

---

13. **Limitation of proposed ward's rights requested:** \_\_\_\_\_

---

---

---

14. **Reason for proposed guardianship:** \_\_\_\_\_

---

---

---

15. **Facts that support requiring a guardian to be appointed:** \_\_\_\_\_

---

---

---

---

---

16. Does a guardianship of any kind exist for proposed ward(s)?

Yes       No

17. Name and address of any person(s) and/or institution having care and custody of the proposed ward: \_\_\_\_\_

---

---

---

18. Approximate value and description of proposed ward's real and personal property, including any compensation, pension, insurance, or allowance (if applicable): \_\_\_\_\_

---

---

---

19. If known, how long would you like the guardianship to continue? \_\_\_\_\_

**“SKELETONS IN THE CLOSET” & SENSITIVE TOPICS:**

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE DISASTROUS TO YOUR CASE.

If an answer to one of the questions below is “yes”, please describe the situation in detail. Will anyone allege that you or your spouse has done any of the following:

	<u>YOU</u>	<u>YOUR SPOUSE</u>
1. Committed a crime?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been arrested?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been in jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>
4. Used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Been hospitalized for using illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Abused prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been hospitalized for abusing prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
8. Abused alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
9. Been hospitalized for abusing alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
10. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Engaged in gambling activities (legal or illegal)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Engaged in other illegal activities?	<input type="checkbox"/>	<input type="checkbox"/>
13. Attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>
14. Been hospitalized for an emotional or psychiatric disorder?	<input type="checkbox"/>	<input type="checkbox"/>
15. Suffered from or received treatment for an emotional or psychiatric condition?	<input type="checkbox"/>	<input type="checkbox"/>
16. Abused own spouse?	<input type="checkbox"/>	<input type="checkbox"/>
17. Been accused of child abuse?	<input type="checkbox"/>	<input type="checkbox"/>
18. Has a sexual relationship during the marriage with someone other than own spouse?	<input type="checkbox"/>	<input type="checkbox"/>
19. Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware?	<input type="checkbox"/>	<input type="checkbox"/>

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship: \_\_\_\_\_

---

---

20. Other?

---

---

---

---

21. Do you and/or your spouse suffer from any physical disability that would interfere with being able to care for the ward? \_\_\_\_\_

---

---

---

---