



KREIG MITCHELL LLC

Please return to receptionist@tx-lw.com

GUARDIANSHIP QUESTIONNAIRE

In response to your contact with our office regarding Guardianship issues, enclosed please find a questionnaire in preparation for your appointment.

The completion of this questionnaire prior to your appointment will enable us to better serve you in a more timely and professional matter. *We ask that you complete the questionnaire PRIOR TO YOUR APPOINTMENT. If not completed, a new appointment at an additional fee may be required for you to return with the necessary information.*

We appreciate the opportunity to be of service to you in this matter.

Information on Proposed Ward (Incapacitated Person)

Full Name: _____

Date of Birth: _____

Home Address: _____

City, State & Zip: _____

Home Phone: _____

Social Security No.: _____

Is the Proposed Ward married? Yes No

If so, name and address of spouse: _____

Is the Proposed Ward employed? Yes No

If so, name of employer: _____

Please check the type of guardianship you are seeking:

- ___ Guardianship of Person and Finances
- ___ Guardianship of Person Only
- ___ Guardianship of Finances Only

Nature and degree of incapacity:

Specific areas of need and assistance:

Facts that require that a Guardian be appointed:

Is there a Guardianship of any kind in Texas or any other state? Yes No

If yes, please describe:

Approximate value and description of Ward's estate (include compensation, pension, insurance, or allowance Ward is entitled to, bank accounts, real estate, personal property, vehicles, etc.):

Income:

Property:

Name and address of any person who holds power of attorney and the type of power of attorney, if any.

Name:

Address:

Description:

Name:

Address:

Description:

Names and addresses of Ward's parents, siblings and children:

Full name: _____

Relationship to Ward: _____

Address: _____

Full Name: _____

Relationship to Ward: _____

Address: _____

Full Name: _____

Relationship to Ward: _____

Address: _____

Full Name: _____

Relationship to Ward: _____

Address: _____

Full Name: _____

Relationship to Ward: _____

Address: _____

Full Name: _____

Relationship to Ward: _____

Address: _____

Proposed Ward’s Physician

Name: _____

Office Address: _____

Date of last examination of Ward: _____

Proposed Guardian

Full Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Social Security No.: _____

Date of Birth: _____

Relationship to Ward: _____

Employer: _____

Email Address: _____

Has the proposed Guardian ever been adjudged incapacitated? Yes No

Is the proposed Guardian indebted to proposed Ward? Yes No

Is the proposed Guardian a party to law suit again the Proposed Ward? Yes No

Is there anyone who might object to you as the guardian? Yes No

If so, who? _____

If proposed Guardian is a nonresident of Texas, name and address of resident agent to accept service of process:

Name: _____

Address: _____