

BURNS ANDERSON JURY & BRENNER, L.L.P.

Attorneys and Counselors of Law

A Limited Liability Partnership which includes Professional Corporations

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From the Desk of:
ELIZABETH BRENNER
Of Counsel

Guardianship Questionnaire

Please fill in the requested information and obtain as many of the requested documents as possible, and then bring this sheet and the documents with you to our next conference. The person for whom you seek this Guardianship will be referred to as "Ward."

Proposed Ward

Legal Name: _____

Sex: _____ Age: _____ Social Security Number: _____

Birth Date: _____ Birth Place: _____

Present Address: _____

Is Ward married? _____ Does the Ward have a job? _____ If so, what is it? _____

Please check the guardianship you are seeking:

Guardianship of Person and Estate

Guardianship of Person Only

Guardianship of Estate Only

Term of Guardianship requested: _____

Nature and degree of incapacity: _____

Specific areas of protection and assistance: _____

Limitation of rights requested to be included in the Court's order: _____

Facts that require that a Guardian be appointed: _____

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Interest of the Applicant in the appointment: _____

Is there a Guardianship of any kind in Texas or any other state? _____

If yes, please describe: _____

The name and address of person and/or institution having the care and custody of the proposed Ward:

Administrator: _____

Address: _____

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 person who holds power of attorney and description of power of attorney, if any.

Name: _____

Address: _____

Description: _____

Names and addresses of Ward's parents, siblings, and children (please use additional paper if necessary):

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: _____

Full name: _____

Relationship to Ward: _____

Address: _____

If ward has other next of kin, submit data on these persons at the end of this information sheet.

Ward's Physician(s)

Name: _____

Office Address: _____

Date of last examination of Ward: _____

Name: _____

Office Address: _____

Date of last medical, psychological, and intellectual examination: _____

Proposed Guardian

Full name: _____

Address: _____

Phone number (home): _____

Work: _____

Relationship to Ward: _____

Age: ____ Occupation: _____

Has the proposed Guardian ever been adjudged incapacitated? _____

Is the proposed Guardian indebted to proposed Ward? _____

Is the proposed Guardian a party to law suit against the proposed Ward? _____

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: _____

Complete this section only if you seek Guardianship of Estate.

Real Property (Give address or location and general description.)

Personal Property (Give general description only, such as stocks and bonds, bank accounts, household goods, jewelry, and estimated values.)
