



The following form is designed to help us to better assist with your guardianship case. It is very important that you answer this worksheet **HONESTLY, ACCURATELY, and COMPLETELY.**

If you believe that a question does not apply to your case, please mark 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.

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THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

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**Privacy Policy Regarding Social Security Numbers:** Social Security numbers will be divulged only when necessary during the course and within the scope of our employment. The firm collects them from various sources, including income tax returns as well as the client. They are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state of Texas, and obtaining information about retirement benefits. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers, until the file information is retired and the file is removed to a locked, off-site storage facility. Client information will eventually be shredded.

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EMAIL YOUR COMPLETED WORKSHEET TO [INFO@HUNTLAWTEXAS.COM](mailto:INFO@HUNTLAWTEXAS.COM).

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## I. Applicant Information

First Name

Middle Name

Last Name

How did you learn about the Hunt Law Firm, P.L.L.C.?

Relationship to Proposed Ward

Date of Birth

Gender

**Social Security Number**

**Texas Driver License or State ID Number**

**Street Address**

**City**

**County**

**State**

**ZIP**

**Email**

**Phone Number**

**Who else lives in your household?**

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**Do you work outside the home?**

**YES (answer below)**

**NO**

**Company Name**

**Job Title**

**Company Street Address**

**Company City**

**Company  
State**

**Company ZIP**

**Company Telephone**

**Average Gross Monthly Income**

**Average Number of Hours  
Worked Per Week**

**Length of Employment**

**Education / Training**

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## **II. Co-Applicant Information**

**Is another person applying to be a co-guardian?**

**YES (answer below)**

**NO (SKIP THIS SECTION AND GO DIRECTLY TO SECTION III)**

**First Name**

**Middle Name**

**Last Name**

**Relationship to Proposed Ward**

**Date of Birth**

**Gender**

**Social Security Number**

**Texas Driver License or State ID Number**

**Street Address**

**City**

**County**

**State**

**ZIP**

**Email**

**Phone Number**

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**Does the co-applicant work outside the home?**

**YES (answer below)**

**NO**

**Company Name**

**Job Title**

**Company Street Address**

**Company City**

**Company  
State**

**Company ZIP**

**Company Telephone**

**Average Gross Monthly Income**

**Average Number of Hours  
Worked Per Week**

**Length of Employment**

**Education / Training**

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### **III. Proposed Ward Information**

**First Name**

**Middle Name**

**Last Name**

**Relationship to Proposed Ward**

**Date of Birth**

**Gender**

**Social Security Number**

**Texas Driver License or State ID Number**

**Street Address**

**City**

**County**

**State**

**ZIP**

**Email**

**Phone Number**

**Where and with whom does this child primarily reside?**

.....  
**School (if applicable)**

**Grade Level (if applicable)**

.....  
**Describe the proposed ward's incapacity in as much detail as possible, including the nature and severity of the incapacity**

.....  
**What type of property does the proposed ward have?**

**Cash, CDs, and financial accounts**

**Real estate**

**Business interests**

**Stocks, securities, or brokerage accounts**

**Retirement accounts**

**Household furnishings**

**Insurance policies**

**Motor vehicles**

**Other**

**What is the total approximate value of the proposed ward's estate?**

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## **IV. Guardianship Questions**

**What type of guardianship does the proposed ward need?**

**Guardianship of the Person**

**Guardianship of the Estate**

**Both**

**Not sure / I would like to discuss**

**Within the last two years, was the proposed ward the subject of a lawsuit?**

**YES**

**NO**

**Has the proposed ward ever signed a Power of Attorney?**

**YES**

**NO**

**Which rights, if any, do you believe the proposed ward should retain?**

**right to vote**

**right to have a driver's license**

**right to marry**

**right to determine own residence**

**right to manage own financial affairs**

**right to own, possess, purchase, or use a firearm**

**right to make own medical decisions**

**other**

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## **IV. Relative Information**

**Please list the information for the proposed ward's:**

- Mother
  - Father
  - Court-appointed conservator or person with care and control of proposed ward
  - Siblings
  - Children
  - Spouse
  - Administrator of the nursing home or similar facility
  - Operator of a residential facility
  - Person designated by proposed ward to serve as his/her guardian
  - Person designated to serve as guardian of proposed ward in a probated will or written declaration of the last surviving parent of the proposed ward
  - ONLY if the proposed ward has no spouse, parents, siblings, or adult children: grandparents, grandchildren, aunts, uncles, nieces, nephews, great grandchildren, and great grandparents (only list adults)
- .....

**First Name**

**Middle Name**

**Last Name**

**Relationship to Proposed Ward**

**Street Address**

**City**

**County**

**State**

**ZIP**

**Email**

**Phone Number**

---

**First Name**

**Middle Name**

**Last Name**

**Relationship to Proposed Ward**

**Street Address**

**City**

**County**

**State**

**ZIP**

**Email**

**Phone Number**

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**Last Name**

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