

Guardianship Worksheet



HUNT LAW FIRM, PLLC

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.

NOTICE OF CONFIDENTIALITY

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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EMAIL YOUR COMPLETED WORKSHEET TO INFO@HUNTLAWTEXAS.COM.

I. Applicant Information

First Name	Middle Name	Last Name
Maiden Name (if applicable)	How did you learn about Hunt Law Firm, PLLC?	

Relationship to Proposed Ward		Date of Birth		Gender	
Social Security Number			Texas Driver License or State ID Number		
Street Address					
City		County		State	
Email			Phone Number		
Who else lives in your household?					
Do you work outside the home?					
<input type="checkbox"/> YES (answer below) <input type="checkbox"/> 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		

II. Co-Applicant Information (if applicable)

First Name		Middle Name		Last Name	
Maiden Name (if applicable)					
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	
Does your spouse work outside the home?			
<input type="checkbox"/> YES (answer below) <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE			
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	

III. Proposed Ward Information

First Name	Middle Name	Last Name	
Maiden Name (if applicable)			
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 the proposed ward reside?	
School (if applicable)	Grade Level (if applicable)
Employer (if applicable)	Job Title (if applicable)
Describe the proposed ward's incapacity in as much detail as possible, including the name and severity of the incapacity.	
What type of property does the proposed ward have?	
<input type="checkbox"/> Cash, CDs, and financial accounts <input type="checkbox"/> Real estate <input type="checkbox"/> Business interests <input type="checkbox"/> Stocks, securities, brokerages <input type="checkbox"/> Retirement accounts <input type="checkbox"/> Household furnishings <input type="checkbox"/> Insurance policies <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Other: _____	
What is the total approximate value of the proposed ward's estate?	

IV. Guardianship Questions

What type of guardianship does the proposed ward need?		Within the last two years, was the proposed ward the subject of a lawsuit?	
<input type="checkbox"/> Guardianship of the Person <input type="checkbox"/> Guardianship of the Estate <input type="checkbox"/> Both <input type="checkbox"/> Not sure / I would like to discuss		<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain: _____	
Has the proposed ward ever signed a Power of Attorney?	If YES, who was the Power of Attorney?	IF YES, when was it signed?	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Has the proposed ward ever signed a Declaration of Guardian?	If YES, who was named as the intended guardian?	IF YES, when was it signed?	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Which rights, if any, do you believe the proposed ward should RETAIN?			
<input type="checkbox"/> right to vote <input type="checkbox"/> right to determine own residence <input type="checkbox"/> right to marry <input type="checkbox"/> right to have a driver's license <input type="checkbox"/> right to manage own finances <input type="checkbox"/> Other: _____ <input type="checkbox"/> right to make own medical decisions <input type="checkbox"/> right to own, possess, purchase, or use a firearm _____			

V. Relative Information

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

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

First Name		Middle Name		Last Name	
Maiden Name (if applicable)		Relationship to Proposed Ward		Age (if sibling)	
Street Address					
City		County		State	
Email			Phone Number		

First Name		Middle Name		Last Name	
Maiden Name (if applicable)		Relationship to Proposed Ward		Age (if sibling)	
Street Address					
City		County		State	
Email			Phone Number		

First Name		Middle Name		Last Name			
Maiden Name (if applicable)		Relationship to Proposed Ward		Age (if sibling)			
Street Address							
City		County		State		ZIP	
Email			Phone Number				

First Name		Middle Name		Last Name			
Maiden Name (if applicable)		Relationship to Proposed Ward		Age (if sibling)			
Street Address							
City		County		State		ZIP	
Email			Phone Number				

First Name		Middle Name		Last Name			
Maiden Name (if applicable)		Relationship to Proposed Ward		Age (if sibling)			
Street Address							
City		County		State		ZIP	
Email			Phone Number				

First Name		Middle Name		Last Name		
Maiden Name (if applicable)		Relationship to Proposed Ward		Age (if sibling)		
Street Address						
City		County		State		ZIP
Email			Phone Number			

First Name		Middle Name		Last Name		
Maiden Name (if applicable)		Relationship to Proposed Ward		Age (if sibling)		
Street Address						
City		County		State		ZIP
Email			Phone Number			

First Name		Middle Name		Last Name		
Maiden Name (if applicable)		Relationship to Proposed Ward		Age (if sibling)		
Street Address						
City		County		State		ZIP
Email			Phone Number			