

PROPOSED GUARDIANSHIP QUESTIONNAIRE

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment.

Date _____ File No. _____

A. CONTACT PERSON

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

E-mail Address _____ Fax No. _____

B. PROTECTED PERSON Minor Adult

Name of Ward (person to be protected) _____

Permanent Address (domicile) _____

City _____ State _____ Zip _____

Home Phone No. _____ Date of Birth _____

Current Place of Residence: Home Nursing Home Hospital

Is it anticipated that proposed Ward will remain at current address for the next six (6) weeks?

Yes No (please provide the anticipated address below)

Facility Name (if applicable) _____

Street Address _____

City _____ State _____ Zip _____

Business Phone No. _____ Fax No. _____

C. PROPOSED GUARDIAN(S)

1. Proposed Guardian

(if same as Contact Person, complete date of birth and relationship to ward sections only)

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Mobile No. _____

E-mail Address _____

Date of Birth _____

Relationship to Ward or Interest in Proceedings _____

2. Proposed Co-Guardian

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Mobile No. _____

E-mail Address _____

Date of Birth _____

Relationship to Ward or Interest in Proceedings _____

D. REFERRAL By Whom Were You Referred To This Office?

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Business Phone No. _____ Fax No. _____

E-mail Address _____

E. NAMES AND ADDRESSES OF PERSONS ENTITLED TO NOTICE OF HEARING

1. Ward's Spouse N/A

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Mobile No. _____

E-mail Address _____

Date of Birth _____

2. Ward's Father (if living)

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Mobile No. _____

E-mail Address _____

Date of Birth _____

3. Ward's Mother (if living)

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Mobile No. _____

E-mail Address _____

Date of Birth _____

4. Ward's Children (if applicable)

Full Name of Ward's Son Daughter _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Mobile No. _____

E-mail Address _____

Date of Birth _____

Full Name of Ward's Son Daughter _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Mobile No. _____

E-mail Address _____

Date of Birth _____

Full Name of Ward's Son Daughter _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Mobile No. _____

E-mail Address _____

Date of Birth _____

Full Name of Ward's Son Daughter _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

E-mail Address _____ Fax No. _____

Date of Birth _____

Full Name of Ward's Son Daughter _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

E-mail Address _____ Fax No. _____

Date of Birth _____

Full Name of Ward's Son Daughter _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

E-mail Address _____ Fax No. _____

Date of Birth _____

5. Administrator of Nursing Home in Which Ward is Living (if applicable)

Name of Nursing Home _____

Name of Administrator _____

Name of Social Worker _____

Street Address (if other than as indicated in Section B) _____

City _____ State _____ Zip _____

Business Phone No. _____ Fax No. _____

E-mail Address _____

Date of Admission to Nursing Home (if applicable) _____

Name of Hospital prior to Nursing Home Admission (if applicable) _____

Date of admission to Hospital prior to Nursing Home Admission (if applicable) _____

Reason for admission to Hospital (if applicable) _____

F. REASON PROPOSED WARD NEEDS A GUARDIAN

Diagnosis _____

Date of Diagnosis _____

Examples of Incapacity _____

G. MEDICAL

Name of Physician Making Diagnosis _____

Street Address _____

City _____ State _____ Zip _____

Business Phone No. _____ Fax No. _____

E-mail Address _____

Name of Second Proposed Examining Physician _____

Street Address _____

City _____ State _____ Zip _____

Business Phone No. _____ Fax No. _____

E-mail Address _____

H. SUMMARY OF INCOME

Please list estimated income and expenses for the current year from the following sources.

	<u>Monthly Amounts</u>	
	<u>Ward</u>	<u>Spouse</u>
Social Security	_____	_____
Pension Benefits	_____	_____
IRA Income	_____	_____
Disability Income	_____	_____
Rental Income	_____	_____

Interest Income	_____	_____
Dividends Income	_____	_____
Annuity Income	_____	_____
Other	_____	_____
Other	_____	_____
TOTAL	_____	_____

I. MONTHLY SHELTER EXPENSES
(Please divide annual expenses by 12 and quarterly expenses by 3)

Rent/Mortgage	\$ _____
Real Estate Taxes	\$ _____
Water	\$ _____
Sewer	\$ _____
Utilities (Heat, Electric & Telephone) (1/12th of last 12 months)	\$ _____
Homeowner's insurance premium	\$ _____
Condominium fees	\$ _____
Total Monthly Housing Expenses	\$ _____

J. MONTHLY NON-SHELTER LIVING EXPENSES

Food	\$ _____
Medical	\$ _____
Clothing	\$ _____
Transportation (including auto insurance)	\$ _____
Home Maintenance	\$ _____
Life Insurance Premiums	\$ _____

Health Insurance Premiums \$ _____

Cable TV \$ _____

Federal and State Income Taxes \$ _____

Other \$ _____

Total Monthly Non-Shelter Living Expenses \$ _____

K. REAL ESTATE

1. Tax Block _____ Lot _____
Municipality _____ Assessed Value \$ _____
Market Value \$ _____ (apply reciprocal of equalization ratio)
2. Tax Block _____ Lot _____
Municipality _____ Assessed Value \$ _____
Market Value \$ _____ (apply reciprocal of equalization ratio)
3. Tax Block _____ Lot _____
Municipality _____ Assessed Value \$ _____
Market Value \$ _____ (apply reciprocal of equalization ratio)

L. MEDICAID

Does the proposed ward receive Medicaid? Yes No

If so, provide date Medicaid benefits began _____

M. LIFE INSURANCE

1. Name of Company _____
Policy No. _____ Face Amount of Policy \$ _____

Beneficiary _____

2. Name of Company _____

Policy No. _____ Face Amount of Policy \$ _____

Beneficiary _____

3. Name of Company _____

Policy No. _____ Face Amount of Policy \$ _____

Beneficiary _____

4. Name of Company _____

Policy No. _____ Face Amount of Policy \$ _____

Beneficiary _____

5. Name of Company _____

Policy No. _____ Face Amount of Policy \$ _____

Beneficiary _____

N. AUTOMOBILE

Make _____

Model _____

Year _____ Estimated Resale Value \$ _____

O. PERSONAL EFFECTS

Estimated Value \$ _____

P. FINANCIAL SUMMARY

ASSETS/LIABILITIES

Please insert the value of each asset/liability in the appropriate space.

ASSETS	HUSBAND	WIFE	JOINT	LIABILITIES
PERSONAL EFFECTS				
AUTOMOBILE				
CHECKING ACCOUNT				
SAVINGS ACCOUNT				
MONEY MARKET ACCOUNT				
CERTIFICATES OF DEPOSIT				
RESIDENCE (ASSESSED VALUE) BLOCK# _____ LOT# _____ (Obtain from Tax Bill)				
OTHER REAL ESTATE				
ADDITIONAL AUTOMOBILES				
MUTUAL FUNDS				
STOCKS				
BONDS				
ANNUITIES				
CASH VALUE - LIFE INSURANCE				
IRA				
NURSING HOME DEPOSIT				
OTHER				
OTHER				
TOTALS				

Q. MONTHLY COST OF NURSING HOME

Monthly Nursing Home Cost \$ _____

Monthly Prescription Cost \$ _____

Monthly Incontinent Cost \$ _____

Monthly Other Cost \$ _____

Total Monthly Cost \$ _____

The nursing home is paid through _____ (month/year).

GROUNDS FOR DISQUALIFICATION**Sec. 1104.351. Incapacity or Inexperience.**

A person may not be appointed guardian if the person is:

- (1) a minor or other incapacitated person; or
- (2) a person who, because of inexperience, lack of education, or other good reason, is incapable of properly and prudently managing and controlling the person or estate of the ward.

Sec. 1104.352. Unsuitability.

A person may not be appointed guardian if the person is a person, institution, or corporation found by the court to be unsuitable.

Sec. 1104.353. Notoriously Bad Conduct; Presumption Concerning Best Interest.

- (a) A person may not be appointed guardian if the person's conduct is notoriously bad.
- (b) It is presumed to be not in the best interests of a ward or incapacitated person to appoint as guardian of the ward or incapacitated person a person who has been finally convicted of:
 - (1) any sexual offense, including sexual assault, aggravated sexual assault, and prohibited sexual conduct;
 - (2) aggravated assault;
 - (3) injury to a child, elderly individual, or disabled individual;
 - (4) abandoning or endangering a child;
 - (5) terroristic threat; or
 - (6) continuous violence against the family of the ward or incapacitated person.

Sec. 1104.354. Conflict of Interest.

A person may not be appointed guardian if the person:

- (1) is a party or is a person whose parent is a party to a lawsuit concerning or affecting the welfare of the proposed ward, unless the court:
 - (A) determines that the lawsuit claim of the person who has applied to be appointed guardian is not in conflict with the lawsuit claim of the proposed ward; or
 - (B) appoints a guardian ad litem to represent the interests of the proposed ward throughout the litigation of the ward's lawsuit claim;
- (2) is indebted to the proposed ward, unless the person pays the debt before appointment; or
- (3) asserts a claim adverse to the proposed ward or the proposed ward's property.

Sec. 1104.355. Disqualified in Declaration.

A person may not be appointed guardian if the person is disqualified in a declaration under Section 1104.202(b).

Sec. 1104.356. Lack of Certain Required Certification.

A person may not be appointed guardian if the person does not have the certification to serve as guardian that is required by Subchapter F.

Sec. 1104.357. Nonresident Without Resident Agent.

A person may not be appointed guardian if the person is a nonresident who has failed to file with the court the name of a resident agent to accept service of process in all actions or proceedings relating to the guardianship.

Sec. 1104.358. Subject to Protective Order for Family Violence.

A person found to have committed family violence who is subject to a protective order issued under Chapter 85, Family Code, may not be appointed guardian of a proposed ward or ward who is protected by the protective order.

Sec. 1104.359. Effect of Lack of Required Registration.

- (a) A guardianship program may not be appointed guardian:
 - (1) if the program is not registered as required under Subchapter F, Chapter 155, Government Code;
 - (2) if a registration certificate issued to the program under Subchapter F, Chapter 155, Government

Code, is expired or refused renewal, or has been revoked and not been reissued; or

(3) during the time a registration certificate issued to the program under Subchapter F, Chapter 155, Government Code, is suspended.

(b) This section does not prevent the appointment, on the individual’s own behalf, of an individual who is employed by or contracts with a guardianship program to provide guardianship and related services independently of the program.

R. CERTIFICATION

The undersigned hereby represents to The Law Office of Antoinette Bone, PLLC, and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client: _____

Signature of Client: _____

Client Representative: _____