

GUARDIANSHIP QUESTIONNAIRE



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I. PERSONAL INFORMATION

Your Name: _____

Birthdate: _____

Driver's License: _____ (number) _____ (state)

Social Security Number: _____

Residence Address: _____

County: _____

Mailing Address: _____

(if different) _____

Home Phone: _____

Cell Phone: _____

Email: _____

Marital Status: _____

If Married, the Date of Marriage: _____

If Divorced, the Date of Divorce: _____

If Widowed, Your Spouse's Date of Death: _____

Do you work? Y / N

If yes, what is your occupation/job title? _____

Place of employment:

Firm Name

Address

Phone

II. PROPOSED WARD

The proposed ward is the person for whom you wish to obtain a guardianship.

Name: _____

Birthdate: _____ Gender: M / F

Your relationship to proposed ward: _____

Does proposed ward currently live with you? Y / N

If not:

Current Address: _____

County: _____

Has the proposed ward lived with you for the past year? Yes _____ No _____

If not, the name and address of the adult the proposed ward has lived with for more than six months of the previous year:

Name: _____

Current Address: _____

County: _____

Do you have a letter from a physician or other qualified person who has evaluated the proposed ward and described the conditions giving rise to the need for guardianship? Y / N

** If yes, please attach a copy

Which of the following condition(s) apply to the proposed ward?

Mental Illness Mental Deficiency

Physical Illness or Disability Chronic Drug Use

Chronic Intoxication

Other (briefly describe): _____

Please list the current income of the proposed ward: \$ _____ per _____

Please list the assets of the proposed ward:

Asset Type/Location	Estimated Value
Asset Type/Location	Estimated Value
Asset Type/Location	Estimated Value
Asset Type/Location	Estimated Value
Asset Type/Location	Estimated Value
Asset Type/Location	Estimated Value
Asset Type/Location	Estimated Value
Asset Type/Location	Estimated Value
Asset Type/Location	Estimated Value

Please briefly describe why you believe a guardianship is necessary for the proposed ward's person and/or estate at this time:

III. PROPOSED WARD'S FAMILY AND OTHER INTERESTED PERSONS

Adult Relatives: Please list the nearest living **adult** relatives of the proposed ward, including spouse, children, siblings, and parents of proposed ward.

For "relationship," use the following: M = married; S = single; D = divorced; W = widow; C = child; MN = minor; A = adult; AD = adopted; SC = stepchild; FC = foster child.

Name	Address	Age	Phone	Relationship
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Name	Address	Age	Phone	Relationship
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Name	Address	Age	Phone	Relationship
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Name	Address	Age	Phone	Relationship
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Name	Address	Age	Phone	Relationship
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Name	Address	Age	Phone	Relationship
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Name	Address	Age	Phone	Relationship
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Name	Address	Age	Phone	Relationship
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Interested Persons: Please identify any persons you have reason to believe may also have an interest in being appointed guardian of the proposed ward's person and/or estate at this time. Please note that some interested persons may also be adult relatives listed above.

Interested adult relatives identified above (list name/occupation only please):

Other interested persons, if any:

Name	Address	Age	Occupation	Relationship
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Name	Address	Age	Occupation	Relationship
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Name	City	Age	Occupation	Relationship
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IV. NATURE OF THE GUARDIANSHIP SOUGHT

Is this an emergency guardianship? Y / N

If yes, why? _____

Is this a limited guardianship (guardian only requires some powers)? Y / N

If yes, why? _____

V. YOUR MOTIVATION AND QUALIFICATIONS TO SERVE AS GUARDIAN

Please briefly describe:

- (a) what motivates you to seek appointment as Guardian; and,
- (b) why you believe you are the best person to be appointed guardian of the proposed ward's person and/or estate at this time.

VI. PREVIOUS GUARDIANSHIP

Has a guardianship proceeding for the proposed ward been opened in any other state? Y / N

If yes: Are those proceedings still open? Y / N

Information about other Guardianship:

Guardian's Name: _____

Address: _____

Telephone Number: _____

Court Proceedings Open In: _____

Case Number: _____

How Proceedings Closed: _____

When Case Closed: _____

*Please attach copies of any documents that you have regarding these proceedings.

From what source(s) did you hear about the Cramp Law Firm, PLLC? _____

***Thank you for providing this information to get us started in helping you.
Additional information may be required. The attorney will let you know
after your consultation.***