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## GUARDIANSHIP QUESTIONNAIRE

In response to your contact with our office regarding Guardianship issues, enclosed please find a questionnaire in preparation for your appointment.

The completion of this questionnaire prior to your appointment will enable us to better serve you in a more timely and professional matter. ***We ask that you complete the questionnaire PRIOR TO YOUR APPOINTMENT. If not completed, a new appointment at an additional fee may be required for you to return with the necessary information.***

We appreciate the opportunity to be of service to you in this matter.

### Information on Proposed Ward (Incapacitated Person)

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Is the Proposed Ward married?     Yes     No

If so, name and address of spouse: \_\_\_\_\_

Is the Proposed Ward employed?     Yes     No

If so, name of employer: \_\_\_\_\_

### Please check the type of guardianship you are seeking:

- \_\_\_ Guardianship of Person and Finances  
\_\_\_ Guardianship of Person Only

Nature and degree of incapacity:

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Specific areas of need and assistance:

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Facts that require that a Guardian be appointed:

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Is there a Guardianship of any kind in Texas or any other state?  Yes  No

If yes, please describe:

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**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:

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Property:

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**Name and address of any person who holds power of attorney and the type of power of attorney, if any.**

Name:

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Address:

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Description:

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Name:

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Address:

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Description:

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**Names and addresses of Ward's parents, siblings and children:**

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: \_\_\_\_\_

**Proposed Ward's Physician**

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Date of last examination of Ward: \_\_\_\_\_

**Proposed Guardian**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to Ward: \_\_\_\_\_

Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Has the proposed Guardian ever been adjudged incapacitated?  Yes  No

Is the proposed Guardian indebted to proposed Ward?  Yes  No

Is the proposed Guardian a party to law suit against the Proposed Ward?  Yes  No

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: \_\_\_\_\_

