



Date: _____

Client Name: _____

GUARDIANSHIP

CLIENT QUESTIONNAIRE:

Please begin filling out this questionnaire. It is important that you answer each question fully.

It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your situation, please indicate by marking 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: Refer to the question number to which your answer applies, and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF CIVIL EVIDENCE. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

FOR OFFICE USE:	
Ret: _____	Type: STD CLC PPL ZNE
OL:	WTA LBR JAY LC JJM EMB MBR DJS JLG GH BW KJS MBC
RL:	WTA LBR JAY LC JJM EMB MBR DJS JLG GH BW KJS MBC



ABOUT YOU:

1. **Please give your *full* name, date and place of birth, and Social Security number.**

Full legal name: _____

Birth date: _____ City and State where born: _____

Social Security number: _____

Driver's license number: _____

2. **Where are you living now and what is your phone number?**

Address: _____

City: _____

County: _____ State: _____ Zip: _____

Home phone (if different from above): _____

3. At what address do you wish to receive mail from this office? _____

4. **How do you prefer that we contact you?**

Address: _____

Phone: _____

Cell: _____

Fax: _____

Pager: _____

E-mail: _____

5. **How were you referred to our office?**

Personal referral by _____ to _____

Church referral from _____ to _____

Internet:

- Google
- Law.com
- Find Law
- Super Lawyers
- Avvo

Newspaper/Magazine:

- Dallas Morning News
- Plano Profile
- Frisco Style
- Dallas Business Journal
- D-magazine/D-CEO

Radio:

- 94.9 KLTY
- 100.7 KWRD
- 660 KSKY

Yellow Pages:

- AT&T Yellow Pages
- Your town Yellow Pages

Other:

- Previous client
- Prepaid Legal or CLC

Other: _____

6. **Have you consulted or retained any other attorneys on this matter before coming to this office?** _____ If so, please state who and when: _____

7. **Please complete the following information concerning your employment.**

Employer: _____

Job Title: _____

Street Address: _____

City, state, zip: _____

Telephone number: _____ May we call you at work? _____

Gross salary per month or annually: _____ Length of employment: _____

Education: _____

ABOUT YOUR PROPOSED WARD:

8. **Please give the full name, date and place of birth, sex and Social Security number of each ward.**

Name: _____

Sex (M/F): _____ Age: _____ Date of birth: _____

Place of birth: _____

Social Security number: _____

Name of biological parent(s): _____

Last known address for that/those person(s): _____

Name: _____

Sex (M/F): _____ Age: _____ Date of birth: _____

Place of birth: _____

Social Security number: _____

Name of biological parent(s): _____

Last known address for that/those person(s): _____

9. **Guardianship of (check one):**

- Person Estate Both

10. **Will there be a dispute over the guardianship?** _____

If yes, please explain nature of expected dispute: _____

11. **What is the nature and degree of the alleged incapacity (if applicable)?** _____

12. **What are the specific areas of protection and assistance requested?** _____

13. **Limitation of proposed ward's rights requested:** _____

14. **Reason for proposed guardianship:** _____

15. **Facts that support requiring a guardian to be appointed:** _____

16. Does a guardianship of any kind exist for proposed ward(s)?

Yes No

17. Name and address of any person(s) and/or institution having care and custody of the proposed ward: _____

18. Approximate value and description of proposed ward’s real and personal property, including any compensation, pension, insurance, or allowance (if applicable): _____

19. If known, how long would you like the guardianship to continue? _____

“SKELETONS IN THE CLOSET” & SENSITIVE TOPICS:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE DISASTROUS TO YOUR CASE.

If an answer to one of the questions below is “yes”, please describe the situation in detail. Will anyone allege that you or your spouse has done any of the following:

		<u>YOU</u>	<u>YOUR SPOUSE</u>
1.	Committed a crime?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Been arrested?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Been in jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Been hospitalized for using illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Abused prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Been hospitalized for abusing prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Abused alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Been hospitalized for abusing alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Engaged in gambling activities (legal or illegal)?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Engaged in other illegal activities?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Been hospitalized for an emotional or psychiatric disorder?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Suffered from or received treatment for an emotional or psychiatric condition?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Abused own spouse?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Been accused of child abuse?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Has a sexual relationship during the marriage with someone other than own spouse?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware?	<input type="checkbox"/>	<input type="checkbox"/>
	If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship: _____		

20.	Other?	<input type="checkbox"/>	<input type="checkbox"/>

21.	Do you and/or your spouse suffer from any physical disability that would interfere with		

being able to care for the ward? _____

