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GUARDIANSHIP QUESTIONNAIRE

I. Applicant for Guardianship

Legal Name: _____
Last First MI

Gender: _____ Age: _____ SSN: _____

Date of Birth: _____ Place of Birth: _____

Address: _____

Place of Employment: _____

Occupation _____ How Long: _____

Relationship to Proposed Ward: _____

Do you owe any money to the Proposed Ward? _____

Are you a party to a lawsuit against or by the Proposed Ward? _____

Have you ever been convicted of a felony? _____

Have you ever been convicted of a crime of Family Violence?

Have you ever been convicted of a crime of theft, embezzlement, misappropriation, breach of fiduciary duty, civil conversion or fraud? _____

Have you ever been convicted of possession of drugs? _____

Do you know of anyone who will object to your being appointed Guardian? _____

If you do not want to be named Guardian, do you have a recommendation?

II. Proposed Ward

Legal Name: _____
Last First MI

Gender: _____ Age: _____ SSN: _____

Date of Birth: _____ Place of Birth: _____

Address: _____

Place of Employment: _____

Occupation _____ How Long: _____

Relationship to Proposed Guardian: _____

Does anyone hold a Power of Attorney for the Proposed Ward? If yes, please explain.

Is the Proposed Ward married? Y N

Name of Proposed Ward's Spouse: _____

Proposed Ward's Family – on a separate sheet of paper, please provide the name, complete address and phone number for each family member (parent, brother, sister, child) of the Proposed Ward. **IMPORTANT!**

Does the Proposed Ward receive any federal or state benefits, such as Medicaid, Veterans Benefits, SSI, SSDI, etc? _____

Why does the Proposed Ward need a Guardian? _____

Does the Proposed Ward own any property?

Residence or other Real Estate? _____

Address of Residence: _____

Joint or Sole Ownership: _____

Indebtedness on Residence? _____

Financial Accounts? _____

Rare Collectibles? _____

Does the Proposed Ward have a Will? Y or N Trust? Y or N

Life Insurance Y or N Living Will? Y or N

III. Proposed Ward's Physician

Name of Physician: _____

Office Address: _____

Telephone: _____ Date of Last Exam: _____

Do we have a Doctor's Letter: Y N If yes, date of letter: _____

Attorney Notes: