

THE DURAN FIRM, PLLC

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Michael A. Duran



Prospective Client

Via Download

RE: Guardianship Client Information Worksheet

Dear Prospective Client,

Thank you for contacting The Duran Firm regarding the obtaining of a Guardianship over your incapacitated loved one (the "Proposed Ward").

The first step in the process will be the preparation and filing of an Application for Guardianship with the Probate Court. In order to start work on the Application, I need some basic information about you (the "Applicant(s)") and the Proposed Ward. A response to every question is required.

Once you have finished entering the data into the form, please be sure to click "File" followed by "Save As..." in order to save your work to your computer. You may call our office for our fax number or e-mail address, or simply mail the form to us at the address above.

Please call us if you have any of the questions. We look forward to working with you.

Sincerely,

Michael A. Duran

Michael A. Duran

Attachment

MD

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Guardianship Client Information Worksheet

Part I. The Applicant(s) (the "Proposed Guardian(s)").

Please note that only one person can serve as Guardian. An exception is made in the case of two natural parents seeking guardianship over their son or daughter.

1. Applicant's Full Name: _____
First Name Middle Name Last Name

2. Residence Address: _____
Street Apt # County

City, State, Zip Code

Home Phone Number Cell or Business Phone Number

3. Date of Birth: _____
Month Day Year

4. Relationship to Proposed Ward: _____

5. Co-Applicant's Full Name: _____
(Must be parent of proposed ward) First Name Middle Name Last Name

6. Residence Address: Same Residence as Applicant **OR**

Street Apt # County

City, State, Zip Code

Home Phone Number Cell or Business Phone Number

7. Date of Birth: _____
Month Day Year

8. Relationship to Proposed Ward: _____

9. Has any Applicant ever been convicted of a felony? Yes No
10. Does any Applicant owe the Proposed Ward money? Yes No
11. Will either Applicant require an interpreter at the hearing? Yes No

12. Contact E-Mail Address: _____
(Used to send documents and correspondence, not spam)

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Part II. The Incapacitated Person (the "Proposed Ward").

13. Full Name: _____
First Name Middle Name Last Name

14. Date of Birth: _____
Month Day Year

15. Residence Address: _____
Street Apt. # County

City, State, Zip Code

16. Nature of Incapacity: _____
("Down Syndrome", "Mental Retardation", "Alzheimer's Disease", etc.)

17. Degree of Incapacity Total Partial (If "Partial", describe limitations.)

18. Race: _____

19. Social Security Number: _____

20. Does the Proposed Ward live in a healthcare facility or group home? Yes No

Facility Name (if any)

Name of the Administrator/Operator of the Facility (if any)

Administrator's Phone Number (if any)

21. Are there any ongoing lawsuits concerning or affecting the Proposed Ward? Yes No

Part III. The Proposed Ward's Immediate Family

22. List the Proposed Ward's Parents: Same as Applicants **OR**

_____ Proposed Ward's Father's First Name Middle Name Last Name			_____ Proposed Ward's Mother's First Name Middle Name Last Name		
_____ Street			_____ Street		
_____ City, State, Zip Code			_____ City, State, Zip Code		
_____ Home		_____ Cell or Business	_____ Home		_____ Cell or Business
_____ Date of Death			_____ Date of Death		

List **ALL** of the Proposed Ward's Brothers and Sisters (half and whole blood):

a.	_____ Full Name	_____ Date of Birth	_____ Date of Death
	_____ Street	_____ Age	
	_____ City, State, Zip Code	_____ Home Phone Number	
b.	_____ Full Name	_____ Date of Birth	_____ Date of Death
	_____ Street	_____ Age	
	_____ City, State, Zip Code	_____ Home Phone Number	
c.	_____ Full Name	_____ Date of Birth	_____ Date of Death
	_____ Street	_____ Age	
	_____ City, State, Zip Code	_____ Home Phone Number	
d.	_____ Full Name	_____ Date of Birth	_____ Date of Death
	_____ Street	_____ Age	
	_____ City, State, Zip Code	_____ Home Phone Number	
e.	_____ Full Name	_____ Date of Birth	_____ Date of Death
	_____ Street	_____ Age	
	_____ City, State, Zip Code	_____ Home Phone Number	

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23. The Proposed Ward's Spouse: Same as Applicant Not Married **OR**

First Name Middle Name Last Name

24. Residence Address Same as Applicant's **OR**

Street Apt. # County

City, State Zip Code

25. List **ALL** Children ever born to or adopted by Proposed Ward (*if any*):

a. _____
Full Name Date of Birth Date of Death

Street Age

City, State, Zip Code Home Phone Number

b. _____
Full Name Date of Birth Date of Death

Street Age

City, State, Zip Code Home Phone Number

c. _____
Full Name Date of Birth Date of Death

Street Age

City, State, Zip Code Home Phone Number

d. _____
Full Name Date of Birth Date of Death

Street Age

City, State, Zip Code Home Phone Number

e. _____
Full Name Date of Birth Date of Death

Street Age

City, State, Zip Code Home Phone Number

Continue on back if necessary.

26. Do all the members of the Proposed Ward's Family listed on this form agree with this Guardianship? Yes No

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Part IV. The Proposed Ward's Assets

27. Description of Proposed Ward's Assets (if any)

a. _____ \$ _____
Real Property Estimated Total Value of Real Property

City, State, Zip Code

_____ \$ _____
 Mortgages, Deed of Trust, or Lien holder's Name Amount of Encumbrance

b. _____ \$ _____
Bank/Investment Company/Trust Name Total Value of Account

Bank Address

Account Number

City, State, Zip Code

c. _____ \$ _____
Automobile Make & Model Estimated Total Value of Property

VIN Number License Plate No.

_____ \$ _____
 Lien holder's Name Amount of Encumbrance

d. _____
One Sentence Description of ALL Other Personal Property ("Clothing and personal effects of a nominal value.")

\$ _____
 Estimated Total Value of Other Personal Property

Part V. Ability of the Proposed Ward to Qualify for Waiver of Court Costs

28. Does the Proposed Ward receive income from:

SSI? Yes No SSDI? Yes No Other? Yes No

Amount \$ _____ Amount \$ _____ Amount \$ _____

Source: _____

29. Can the Proposed Ward borrow any funds? Yes No

30. Is the Proposed Ward dependent on others for financial support? Yes No

31. Does the Proposed Ward have the ability to pay court costs? Yes No

32. How did you hear
 of the Duran Firm? _____