

# THE DURAN FIRM, PLLC



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Prospective Client

Via e-Delivery

RE: Guardianship Client Information Worksheet

Dear Prospective Client,

Thank you for contacting The Duran Firm, PLLC regarding the obtaining of a Guardianship over your 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.** Please fully complete the remaining pages of this letter and return them to my office as soon as possible.

Before you start completing the Worksheet, save the Worksheet to a new file (usually by clicking the disk icon, "Save" or "ctrl + S"). As you are completing the worksheet, periodically save your work. When you are done entering the information, save the file one last time and either e-mail it to us as an attachment or print the file and fax it to us.

Please do not hesitate to contact me if you are unclear on any of the questions.

Sincerely,

*Michael A. Duran*

Michael A. Duran

Attachment

MD

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## Guardianship Client Information Worksheet

### 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 married persons seeking guardianship over their son or daughter.

1. Applicant's Legal Name: \_\_\_\_\_  
Legal Name

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

Residence Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Home Phone Number                      Cell or Business Phone Number

Date of Birth: \_\_\_\_\_  
Month / Day / Year

Last Three Digits of Driver's License and Social Sec.#s: \_\_\_\_\_  
Last 3 - DL#                      Last 3 - SS#

Contact E-Mail Address: \_\_\_\_\_  
(Used to send documents and correspondence, not spam)

2. Co-Applicant's Legal Name: \_\_\_\_\_  
(Must be parent of proposed ward)                      Legal Name

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

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Home Phone Number                      Cell or Business Phone Number

Date of Birth: \_\_\_\_\_  
Month / Day / Year

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

Last Three Digits of Driver's License and Social Sec.#s: \_\_\_\_\_  
Last 3 - DL#                      Last 3 - SS#

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## II. The Applicant(s) qualifications to serve as Guardian(s)".

Please note that the Court typically conducts a background search on the Proposed Guardians. Texas Department of Public Safety records and Adult/Child Protective Service Records are also requested.

- 3. Has any Applicant ever been convicted of a felony? Yes  No
- 4. Has any Applicant ever been accused of injury to a child? Yes  No
- 5. Has any Applicant ever had a bad reputation in the community? Yes  No
- 6. Has any Adult or Child Protective Services ever been to your home to investigate an allegation of abuse or neglect of the Proposed Ward or anyone else? Yes  No
- 7. Does any Applicant owe the Proposed Ward money? Yes  No
- 8. Does the Proposed Ward owe any Applicant any money? Yes  No
- 9. Are there any ongoing lawsuits concerning or affecting the Proposed Ward? Yes  No

## III. Translators.

- 10. Will either Applicant require an interpreter at the hearing? Yes  No

Language Required: \_\_\_\_\_

- 11. The Court may also send a Social Worker and an Attorney Ad Litem to the Proposed Ward's home to gather some information about the Proposed Ward and his or her living arrangements. If the Applicants do not speak English, please provide the name and phone number of a family member that is able to attend and translate at the meeting:

Translator: \_\_\_\_\_  
Name Phone Number

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## IV. The Incapacitated Person (the "Proposed Ward").

12. Legal Name: \_\_\_\_\_  
Legal Name

13. Date of Birth: \_\_\_\_\_  
Month / Day / Year

14. Residence Address: \_\_\_\_\_  
Street \_\_\_\_\_ County  
\_\_\_\_\_  
City, State, Zip Code

15. Nature of Incapacity: \_\_\_\_\_  
("Down Syndrome", "Mental Retardation", "Alzheimer's Disease", etc.)

16. Race: \_\_\_\_\_

17. Social Security Number: \_\_\_\_\_

18. Does the Proposed Ward receive Medicaid Yes  No

Medicaid Eligibility Worker's Name: \_\_\_\_\_

Medicaid Eligibility Worker's Address: \_\_\_\_\_  
\_\_\_\_\_

19. 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)

20. Will the Proposed Ward be able to attend a hearing? Yes  No

21. In your personal opinion, is the Proposed Ward able to independently:

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Determine his or her own residence?          | Yes <input type="checkbox"/> No <input type="checkbox"/> | Administer his or her own medicines? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Make decisions regarding marriage?           | Yes <input type="checkbox"/> No <input type="checkbox"/> | Drive?                               |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Consent to his or her own medical treatment? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Vote?                                |
|  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Understand contracts?                |
|  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Handle a bank account?               |

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## V. The Proposed Ward's Immediate Family

The Texas Probate Code requires you to give notice of the Guardianship to all of the Proposed Ward's immediate family members if their whereabouts can reasonably be determined. Thus, if you have any reasonable way of contacting the below persons to obtain their addresses, you are obligated to do so. If not, please indicate that you are unable to find the person. The court may require a published citation if the whereabouts are unknown.

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

\_\_\_\_\_  
Legal Name

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

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

23. 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	

*Continue on back if necessary.*

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24. List the Proposed Ward's Parents (**BOTH ARE REQUIRED**)

_____		_____	
Father's Legal Name		Mother's Legal Name	
_____		_____	
Street		Street	
_____		_____	
City, State, Zip Code		City, State, Zip Code	
_____	_____	_____	_____
Best Phone Number	Date of Death	Best Phone Number	Date of Death
Parental Rights Terminated? Yes <input type="checkbox"/> No <input type="checkbox"/>		Parental Rights Terminated? Yes <input type="checkbox"/> No <input type="checkbox"/>	

25. 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	

*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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## VI. 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

## VII. 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. Representative Payee for Social Security Payments? \_\_\_\_\_

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

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

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

33. How did you hear of the Duran Firm? \_\_\_\_\_