

THE DURAN FIRM, PLLC



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RECEIPT AND COMPLETION OF THIS DOCUMENT DOES NOT ESTABLISH AN ATTORNEY-CLIENT RELATIONSHIP.

Via Download

Prospective Client

Re: Guardianship Prospective 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").

One of the first steps in the process will be the preparation and filing of an Application for Guardianship with the Probate Court. In order to complete the Application, I will eventually need some basic information about you (the "Applicant(s)") and the Proposed Ward. By completing this form and sending it to The Duran Firm, you make it possible for The Duran Firm to prepare a draft of the Application and have it ready for your signature at our initial meeting.

Please understand that the receipt of this Worksheet by The Duran Firm does not establish an attorney-client relationship. The Duran Firm will require pre-payment of its fees and the execution of an attorney-client fee agreement prior to accepting you as a client. We do, however, look forward to working for you.

Please contact me if you have any questions.

Sincerely,

Michael A. Duran

Attachment

Guardianship Prospective Client Information Worksheet

Section I. The Proposed Ward

1. Proposed Ward's Full Name: _____
First Name Middle Name Last Name

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

3. Degree of Proposed Ward's Incapacity: Total Partial (If "Partial", describe limitations on back.)

4. Proposed Ward's Date of Birth: _____
Month Day Year

5. Proposed Ward's Residence: _____
Street Apt. # County

City, State Zip Code

() _____
Phone Number

Facility Name (if any)

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

() _____
Administrator's Phone Number (if any)

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Section II. The Applicant(s) (the Proposed Guardian(s))

6. Applicant No. 1's Full name: _____
First Name Middle Name Last Name

7. Applicant No. 1's Residence: Same Residence as Proposed Ward **OR**

Street Apt # County

City, State Zip Code

(_____) _____ (_____) _____
Home Phone Number Business Phone Number

8. Applicant No. 1's Relationship to the Proposed Ward: _____

9. Applicant No. 2's Full name: _____
First Name Middle Name Last Name

10. Applicant No. 2's Residence: Same Residence as Applicant No. 1 **OR**

Street Apt # County

City, State Zip Code

(_____) _____ (_____) _____
Home Phone Number Business Phone Number

11. Applicant No. 2's Relationship to the Proposed Ward: _____

12. Is any Applicant a minor? Yes No

13. Has any Applicant ever been adjudicated as incapacitated? Yes No

14. Has any Applicant ever had a reputation as a person whose conduct is notoriously bad? Yes No

15. Has any Applicant ever been convicted of a felony? Yes No

16. Is any Applicant a party to a lawsuit concerning or affecting the welfare of the proposed ward? Yes No

17. Does any Applicant have a parent who is a party to a lawsuit concerning or affecting the welfare of the proposed ward? Yes No

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Section III. The Proposed Ward's Immediate Family

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

First Name Middle Name Last Name

19. Spouse's Residence (if any) Same Residence as Proposed Ward **OR**

Street Apt. # County

City, State Zip Code

(_____) _____
Phone Number

Facility Name (if any)

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

(_____) _____
Administrator's Phone Number (if any)

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

a. _____ / / _____ / / _____
Full Name Birth date Date of Death

Street (_____) _____
Home Phone Number

City, State Zip Code

b. _____ / / _____ / / _____
Full Name Birth date Date of Death

Street (_____) _____
Home Phone Number

City, State Zip Code

c. _____ / / _____ / / _____
Full Name Birth date Date of Death

Street (_____) _____
Home Phone Number

City, State Zip Code

d. _____ / / _____ / / _____
Full Name Birth date Date of Death

Street (_____) _____
Home Phone Number

City, State Zip Code

Continue on back if necessary.

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21. 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			City, State			Zip Code			
()		()		()		()		()	
Home		Business or Cell		Home		Business or Cell			
Deceased? Yes <input type="checkbox"/>		No <input type="checkbox"/>		Deceased? Yes <input type="checkbox"/>		No <input type="checkbox"/>			

22. List **ALL** of the Proposed Ward's Siblings:

a. _____ / / _____ / /
 Full Name Birth date Date of Death
 _____ () _____
 Street Home Phone Number

 City, State Zip Code

b. _____ / / _____ / /
 Full Name Birth date Date of Death
 _____ () _____
 Street Home Phone Number

 City, State Zip Code

c. _____ / / _____ / /
 Full Name Birth date Date of Death
 _____ () _____
 Street Home Phone Number

 City, State Zip Code

d. _____ / / _____ / /
 Full Name Birth date Date of Death
 _____ () _____
 Street Home Phone Number

 City, State Zip Code

e. _____ / / _____ / /
 Full Name Birth date Date of Death
 _____ () _____
 Street Home Phone Number

 City, State Zip Code

Continue on back if necessary.

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

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Section IV. The Proposed Ward's Assets

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

a. _____ \$ _____
Real Property Estimated Total Value of Real Property
 _____ / _____
 City, State Zip Code Date of Purchase (Month/Year)
 _____ \$ _____
 Mortgages, Deed of Trust, or Lien holder's Name Amount of Encumbrance

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

 Account Number
 _____ () _____
 Bank Address Bank Phone Number

 City, State Zip Code Trustee / Account Representative's Name

c. _____ \$ _____
Automobile Make & Model Estimated Total Value of Property
 _____ / _____
 VIN Number License Plate No. Date of Purchase (Month/Year)
 _____ \$ _____
 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

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

25. Does the Proposed Ward receive Social Security or SSI? Yes No

a. Source: _____ Monthly Amount: \$ _____

26. Does the Proposed Ward receive income from any other source? Yes No

a. Source: _____ Monthly Amount: \$ _____

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

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

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