

# Pyke & Associates

A Professional Corporation of Attorneys  
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## Guardianship Questionnaire

Please fill in the requested information and obtain as many of the requested documents as possible, and then bring this sheet and the documents with you to our next conference. The person for whom you seek this Guardianship will be referred to as "Ward."

### Ward

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

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Present Address: \_\_\_\_\_

Is Ward married? \_\_\_\_\_ Does the Ward have a job? \_\_\_\_\_ If so, what is it? \_\_\_\_\_

Please check the guardianship you are seeking:

- Guardianship of Person and Estate
- Guardianship of Person Only
- Guardianship of Estate Only

Term of Guardianship requested: \_\_\_\_\_

Nature and degree of incapacity: \_\_\_\_\_

Specific areas of protection and assistance: \_\_\_\_\_

Limitation of rights requested to be included in the Court's order: \_\_\_\_\_

Facts that require that a Guardian be appointed: \_\_\_\_\_

Interest of the Applicant in the appointment: \_\_\_\_\_

Is there a Guardianship of any kind in Texas or any other state? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
The name and address of person and/or institution having the care and custody of the proposed Ward:

Administrator: \_\_\_\_\_

Address: \_\_\_\_\_

Approximate value and description of Ward's estate (include compensation, pension, insurance, or allowance Ward is entitled to, bank accounts, real estate, personal property, vehicles, etc.):

Income: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of person who holds power of attorney and description of power of attorney, if any.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

Names and addresses of Ward's parents, siblings, and children (please use additional paper if necessary):

Full name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Full name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Full name: \_\_\_\_\_

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

Address: \_\_\_\_\_

**If Ward is a minor:**

Name of parents: \_\_\_\_\_

Address: \_\_\_\_\_

Next of kin \_\_\_\_\_

Address: \_\_\_\_\_

Next of kin: \_\_\_\_\_

Address: \_\_\_\_\_

Minor - involved in conservatorship in last two years:

Court: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Nature: \_\_\_\_\_

Disposition: \_\_\_\_\_

**If Ward is a missing person:**

Last known residence: \_\_\_\_\_

Name of the executive department of the United States reporting the ward missing,  
date of report, and last known whereabouts: \_\_\_\_\_

**Ward's Spouse**

Spouse's full name: \_\_\_\_\_

Present residence: \_\_\_\_\_

Are Ward and spouse living together? Yes \_\_\_\_\_ No \_\_\_\_\_ date of separation: \_\_\_\_\_

**Complete this section only if Ward has no spouse or if spouse is unable to serve as guardian.**

Full name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Full name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Full name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Full name: \_\_\_\_\_

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

Address: \_\_\_\_\_

If ward has other next of kin, submit data on these persons at the end of this information sheet.

### Ward's Physician(s)

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Date of last examination of Ward: \_\_\_\_\_

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Date of last medical, psychological, and intellectual examination: \_\_\_\_\_

\_\_\_\_\_

**Proposed Guardian**

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number (home): \_\_\_\_\_

Work: \_\_\_\_\_

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

Age: \_\_\_\_ Social Security Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Has the proposed Guardian ever been adjudged incapacitated? \_\_\_\_\_

Is the proposed Guardian indebted to proposed Ward? \_\_\_\_\_

Is the proposed Guardian a party to law suit against the proposed Ward? \_\_\_\_\_

Is there anyone who might object to you as the guardian? Yes \_\_\_\_ No \_\_\_\_

If so, who? \_\_\_\_\_

If proposed Guardian is a nonresident of Texas, name and address of resident agent to accept service of process:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Proposed Guardian**

**Complete this section *only* if you seek Guardianship of Estate. Real Property**  
(Give address or location and general description.)

Real Property (Give address or location and general description.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Propety (Give general description only, such as stocks and bonds, bank accounts, household goods, jewelry, and estimated values.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_