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GUARDIANSHIP INTAKE QUESTIONNAIRE

This questionnaire is designed to help gather information that will assist in the guardianship proceedings for your loved one. The form may also assist in determining whether alternatives to guardianship, such as a representative payee for government benefits, a power of attorney, or a special needs trust, might solve a problem thereby avoiding the need for guardianship. Please contact our office with any questions or concerns when filling out this form.

Information about the Proposed Ward (PW):

Full Name: _____ Date of birth: _____

Social Security No.: _____ TDL: _____

Address: _____

Phone: _____ Email: _____

Nature of the Impairment/Disability: _____

Information about the Applicant:

Full Name: _____ Relationship to PW: _____

Social Security No.: _____ TDL: _____

Address: _____

Phone: _____ Email: _____

Has the Applicant ever been arrested? yes or no

Has the Applicant ever been involved with Adult or Child Protective Services? yes or no

Will the Applicant name a successor guardian for the PW? yes or no.

Questions about the PW:

1. Are the parents of the PW alive?

Mother: _____ yes no

Father: _____ yes no

2. Is the PW currently married? yes or no
 If yes, what is the spouse's contact information?
 Full Name: _____ Date of birth: _____
 Address: _____
 Phone: _____ Email: _____
3. What are the names and addresses of the PW's surviving siblings?
 Name: _____ Name: _____
 Address: _____ Address: _____
 Name: _____ Name: _____
 Address: _____ Address: _____
4. Does the PW have any of the following? yes or no:
 _____ Durable Power of Attorney (finances) _____ Medical Power of Attorney
 _____ Physician's Directive _____ Special Needs Trust
 _____ Representative Payee for Governmental benefits
- If so, what are the Agent(s)' name(s), address(es), phone and fax numbers?:

5. Is the PW a veteran? yes or no
 If yes, does the PW receive any funds from the Veteran's Administration or Veteran's Affairs? yes or no
6. What are the sources and monthly amounts of income of the PW?
 Employment: _____
 Supplemental Security Income: _____
 Social Security Retirement Income: _____
 Social Security Disability Income: _____
 Food Stamps: _____
 Other: _____

7. What are the PW's assets and property?
 Real Property: _____
 Bank Accounts: _____
 Stock/Bonds or other investments: _____
 Other: _____
8. What is the contact information for the PW's current caretaker(s)?
 Name: _____ Name: _____
 Address: _____ Address: _____
 Facility: _____ Facility: _____
9. What are the names, addresses and ages of PW's children?
 Name: _____ Name: _____
 Address: _____ Address: _____
 Age: _____ Age: _____

Name: _____ Name: _____
Address: _____ Address: _____
Age: _____ Age: _____

10. Where is the PW is currently living? _____

11. What type of Guardianship is being sought?
_____ Person and Estate _____ Person only
_____ Estate only _____ Limited

12. What is the PW's physician's information?

Name: _____ Practice Area: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

13. Has a Physician's Letter been completed? _____ yes or no

If yes, what is the date of Letter? _____

What was the Date of Examination? _____

What were the Findings? _____ Total Capacity _____ Total Incapacity _____ Partial Incapacity

What was the Diagnosis? _____

14. What Medications are the PW currently taking? _____

15. Are there any other questions or concerns you have? _____

