

# GEER & ASSOCIATES, P.C.

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## GUARDIANSHIP INTAKE QUESTIONNAIRE

This questionnaire is designed to help gather information that will assist in determining what, if any, rights, power, and privileges the Proposed Ward can retain under guardianship. 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: \_\_\_\_\_  
Last 3 Digits of SSN: \_\_\_\_\_ Last 3 Digits of TDL: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Current age: \_\_\_\_\_ Male or Female: \_\_\_\_\_  
Nature of the Impairment/Disability: \_\_\_\_\_

### Information about the Applicant:

Full Name: \_\_\_\_\_ Relationship to PW: \_\_\_\_\_  
Last 3 Digits of SSN: \_\_\_\_\_ Last 3 Digits of TDL: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Has the Applicant ever been arrested? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Has the Applicant ever been involved with Adult or Child Protective Services? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Will the Applicant name a successor guardian for the PW? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Questions about the PW:

1. Are the parents of the PW alive?  
Mother's Name: \_\_\_\_\_ \_\_\_\_\_ Yes \_\_\_\_\_ No  
Father's Name: \_\_\_\_\_ \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Is the PW currently married? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, what is the spouse's contact information?  
Spouse's Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. What are Names and Addresses of the PW's adult siblings/children/next of kin?

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

4. Does the PW have any of the following? Check appropriate boxes.

- |   |  |
|---|--|
| <input type="checkbox"/> Durable Power of Attorney (finances)           | <input type="checkbox"/> Medical Power of Attorney |
| <input type="checkbox"/> Physician's Directive                          | <input type="checkbox"/> Special Needs Trust       |
| <input type="checkbox"/> Representative Payee for Governmental benefits |  |

For the checked boxes above, please list the Agent(s)' name(s), address(es), phone and fax numbers:

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

5. Is the PW a veteran?  Yes  No  
If yes, does the PW receive any funds from the Veteran's Administration or Veteran's Affairs?  Yes  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: \_\_\_\_\_  
Facility: \_\_\_\_\_ Facility: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

9. Where is the PW is currently living? \_\_\_\_\_  
\_\_\_\_\_

10. What type of Guardianship is being sought?

\_\_\_\_\_ Person and Estate \_\_\_\_\_ Person only  
\_\_\_\_\_ Estate only \_\_\_\_\_ Limited

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

Name: \_\_\_\_\_ Practice Area: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

12. Has a Physician's Letter been completed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the date of Letter? \_\_\_\_\_

What is the Date of Examination? \_\_\_\_\_

What were the Findings? \_\_\_\_\_ Total Capacity \_\_\_\_\_ Total Incapacity \_\_\_\_\_ Partial Incapacity

What was the Diagnosis? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. What Medications is the PW currently taking? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Shannon with Questions:

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