

Treating Physicians (list names and area of practice):

Has the Proposed Ward had a full assessment completed by a neuropsychologist? If so, when? Provide a copy of the full neuropsychological testing report. Date of Report: _____

Section Two – Family of the Proposed Ward:

Marital History (if applicable):

Is the Proposed Ward Currently married? Yes _____; No _____. If yes, complete the following:

- (1) Name of spouse/partner: _____
- (2) Date of marriage: _____
- (3) State of marriage: _____

Widowed? Yes _____; No _____. If yes, complete the following:

- (1) Deceased spouse's name: _____
- (2) Date of death: _____
- (3) City & State at date of death: _____
- (4) Did spouse leave a will? Yes _____; No _____. If yes, get copy of will.

Divorced? Yes _____; No _____. If yes, complete the following:

- (1) Name of ex-spouse: _____
- (2) Date of divorce: _____
- (3) Place of divorce: _____

If more than one divorce, write additional information on back of this page.

Children, Parents and Other Family

Parents/Siblings

Name	Relationship/Age	Address	Living?
			Yes ___ No ___
			Yes ___ No ___
			Yes ___ No ___
			Yes ___ No ___
			Yes ___ No ___

Any Children?

Name	DOB	Address	Relationship

Section Three – Why is a Guardianship Needed?

Describe the diagnosis or medical condition of the Proposed Ward that you believe results in a need for guardianship: (examples: Alzheimer’s disease, dementia, head injury due to accident, developmental disability, etc.):

Do you believe that the Proposed Ward has the ability to perform any of the following activities *without assistance*? If so, check the ones that you believe the Proposed Ward CAN do independently:

<input type="checkbox"/> Drive a vehicle	<input type="checkbox"/> Determine place of residence
<input type="checkbox"/> Manage a bank account	<input type="checkbox"/> Manage small amounts of cash
<input type="checkbox"/> Enter into marriage	<input type="checkbox"/> Select guardian
<input type="checkbox"/> Make educational decisions	<input type="checkbox"/> Medical treatment decisions
<input type="checkbox"/> Handle personal care and grooming	<input type="checkbox"/> Provide own food, shelter, clothing

Other Relevant Information about the Proposed Ward’s Condition:

Section Four – Who Should be the Guardian?

Texas law provides for an order of priority or preference for the appointment of a guardian for an individual. The order of preference for a minor child is (1) a parent, (2) a grandparent, (3) a sibling, and then (4) more extended family members. The order of preference for a proposed ward who is an adult is (1) a spouse, (2) a parent, (3) an adult child, (4) a sibling, (5) a grandparent, and then (6) more extended family members.

Who do you believe should be the guardian of Proposed Ward?

If this person is NOT the person with top priority, explain why those with more priority in the order of preference under Texas law should not be guardian:

Complete Section Five ONLY IF a Guardianship of the Estate is Sought:

Section Five – Property of the Individual’s Estate

Cash Accounts (checking, savings, etc.)

<i>Name(s) on Account</i>	<i>Bank/Institution</i>	<i>Approximate Value</i>

Investment Accounts (brokerage, stocks, bonds, etc.)

<i>Name(s) on Account</i>	<i>Institution</i>	<i>Approximate Value</i>

Retirement Accounts – 401k, IRA, Roth IRA, etc.

<i>Type of Account</i>	<i>Institution</i>	<i>Approximate Value</i>

Real Estate

<i>Address or Location</i>	<i>Owners</i>	<i>Approximate Value</i>

Life Insurance

<i>Institution</i>	<i>Payee on Death</i>	<i>Death Benefit/Cash Value</i>

Vehicles and Automobiles

<i>Description</i>	<i>Owners</i>	<i>Value</i>

Miscellaneous Personal Property, Collectibles, Artwork, etc.

Describe any collections of art, coins, guns, or other personal property of unique value:

Business Interests: Does the proposed ward (the person for whom a guardianship is sought) have interest in any business? If so, please describe the business, the ownership interest, and the approximate value of that interest:

Interests in Trusts: Is the proposed ward a beneficiary of a Trust? If so, please describe the interest and whether he/she has the right to request and receive distributions.

Section Six – Alternatives to Guardianship

Power of Attorney:

Has the Proposed Ward ever executed any of the following?

- Medical Power of Attorney (if yes, does it remain in place? Yes ____ No ____)
(if yes, who is named as agent under the document: _____)
- Statutory Durable Power of Attorney (if yes, does it remain in place? Yes ____ No ____)
(if yes, who is named as agent under the document: _____)
- Directive to Physicians (if yes, does it remain in place? _____)

If no Powers of Attorney are currently in place, do you believe the Proposed Ward has the ability to understand and execute these legal documents? Explain:

Declaration or Designation of Guardian:

Has the Proposed Ward ever executed a Declaration or Designation of Guardian in Advance of Need?

If so, who is named as guardian of the person under that document? _____

If so, who is named guardian of the estate under that document? _____

Section Seven – Special Needs and Other Concerns

Special Needs Provisions

Does the Proposed Ward Currently receive any of the following:

- SSI (if yes, amount: _____)
- SSDI (if yes, amount: _____)
- Medicare
- Medicaid

If the answer is “No” to any or all of the above, is there a plan to apply for any of those benefits in the next 24 months for the beneficiary?

Other Concerns or Issues (including concerns about potential family disagreement of conflict

Please describe any other concerns or issues that you wish to discuss as part of the guardianship process:

