

**GUARDIANSHIP CONSULTATION/INTAKE**

DATE \_\_\_\_\_ REFERRAL SOURCE \_\_\_\_\_

**CONSULTATION FEE** I UNDERSTAND OWENS & OWENS CHARGES A FEE FOR CONSULTATIONS AND THAT I AM RESPONSIBLE FOR PAYMENT OF SUCH FEE IN ADVANCE UNLESS I AM A MEMBER OF A LEGAL SERVICE PLAN WHICH COVERS THE COST OF MY CONSULTATION.

\_\_\_\_\_  
**INITIALS**

**ATTORNEY CLIENT RELATIONSHIP** I UNDERSTAND THAT AN ATTORNEY-CLIENT RELATIONSHIP IS NOT CREATED UNLESS I EXECUTE A LEGAL SERVICES AGREEMENT (CONTRACT) HOWEVER THE ATTORNEY-CLIENT PRIVILEGE APPLIES TO INFORMATION DISCLOSED BY ME DURING THE CONSULTATION.

\_\_\_\_\_  
**INITIALS**

**YOUR INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
Physical Residence \_\_\_\_\_ Use for Mailings?  Yes  No  
City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Use for Communications?  Yes  No  
Home# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Employer \_\_\_\_\_ Years/Months Employed \_\_\_\_ yrs \_\_\_\_ mos  
Employment Address \_\_\_\_\_ Position \_\_\_\_\_  
Work Schedule \_\_\_\_\_ Relationship to Proposed Ward \_\_\_\_\_

**PROPOSED WARD'S (PW) INFORMATION** (person over whom guardianship is sought)

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
Physical Residence \_\_\_\_\_  Private  Public Facility  
City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
Home# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
PW's Monthly Income \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_ Other  
Has PW executed a Power of Attorney?  Y  N If yes, to whom? \_\_\_\_\_  
Does PW own real property?  Y  N If yes, list address & approximate value \_\_\_\_\_

Does PW own personal property? YN If yes, list by category and by # for financial accounts \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe PW's incapacity in past 6 months \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PW's Physician's Name: \_\_\_\_\_ Phone# (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Physician's Address \_\_\_\_\_ Date PW last seen  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Provide the name, address and telephone for each adult spouse, parent or child of PW:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Briefly describe any issues/concerns you have, including immediate needs:

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\_\_\_\_\_  
\_\_\_\_\_  
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**CONSULTATION NOTES** (for attorney use only)

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

RETAINER \$ \_\_\_\_\_

ANTICIPATED FILING FEES \$ \_\_\_\_\_

## **TERMS OF GUARDIANSHIP**

### Guardian of Person GOP

The GOP manages the person of the PW and can determine PW's residence, make application for governmental benefits and consent to medical treatment except sterilization and commitment to a mental hospital. The GOP does not manage the finances of the PW but can designate a residential facility as representative payee for the PW.

### Guardian of Estate GOE

The GOE manages the estate (property and expenses) of the PW. The GOE must carry a bond and employ an attorney to meet the Court's reporting requirements. The GOE must establish a monthly budget approved by the Court. The GOE must apply to the Court for permission to sell real property and account to the court annually for all income and expenditures.

### Physician's Certificate of Medical Examination

A physician must complete a Certificate of Medical Examination based upon an examination of the PW of not less than 120 days prior to the filing of an Application for Appointment of a Guardian.

### Determination of Mental Retardation DMR

If mental retardation is the basis, at least in part, for the PW's incapacity, a DMR may be required. A DMR can be obtained through Mental Health & Mental Retardation of Tarrant County.

### Qualifications and Disqualifications of Guardians

To qualify as a guardian, you must be 18 years or older, cannot have been declared an incapacitated person, be of good moral character and capable of managing the PW and/or PW's estate. You are disqualified if you have been convicted of a felony or a crime involving moral turpitude (honesty/theft), have notorious bad conduct, you owe money to the PW or have an interest that is adverse to the PW.

### Priority to be Appointed Guardian

Absent a pre-designation of guardian by PW, a spouse of PW has priority to serve as Guardian. Thereafter, the eligible person nearest of kin has priority. If there is no eligible person to serve, the Court may appoint the Department of Aging and Disability Services (DADS) or other entity.

### Temporary Guardianship

In emergency situations, a Court can appoint a temporary guardian to protect the PW or preserve the PW's estate. There must be credible evidence of imminent danger to the person or property. A temporary guardianship is for 60 days unless there is a challenge or contest.