GUARDIANSHIP CONSULTATION/INTAKE

DATE _____ REFERRAL SOURCE _____

CONSULTATION FEE I UNDERSTAND I AM RESPONSIBLE FOR PAYMENT OF THIS FEE IN ADVANCE UNLESS I AM A MEMBER OF A LEGAL SERVICE PLAN WHICH COVERS THIS COST. **INITIALS**

ATTORNEY-CLIENT RELATIONSHIP I UNDERSTAND THE ATTORNEY-CLIENT PRIVILEGE APPLIES TO ALL INFORMATION DISCLOSED DURING THE CONSULTATION HOWEVER, A SIGNED CONTRACT IS REQUIRED TO CREATE AN ONGOING ATTORNEY-CLIENT RELATIONSHIP. **INITIALS**

YOUR INFORMATION - Use full legal name including generational suffixes (e.g. Jr., III)

First _____ Middle _____
Last _____ Maiden _____
Date of Birth _____ Place of Birth _____
DL#_____ Issuing State _____ SSN _____
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 _____
Schedule _____ Relationship to Proposed Ward _____
Do you have any conviction for a felony or a crime involving theft, embezzlement or fraud)? ☐ Yes ☐ No
Do you and PW have any adverse interests such as debts, lawsuits, claims? ☐ Yes ☐ No

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PROPOSED WARD'S (PW) INFORMATION - Use full legal name including generational suffixes (e.g. Jr., III)

First _____ Middle _____
Last _____ Maiden _____
Date of Birth _____ Place of Birth _____
DL#_____ Issuing State _____ SSN _____
Physical Residence _____ ☐Private ☐Public Facility
City/State/Zip _____ County _____
Daytime Phone# (_____)_____-_____ E-Mail Address _____
Marital Status ☐Single ☐Married ☐Divorced ☐Widow/er
Has PW signed a Power of Attorney? ☐No☐Yes, to _____ on (date) _____
Has PW signed a Pre-Need Designation of Guardian? ☐No☐Yes, to _____ on (date) _____
PW's TOTAL Monthly Income $_____
Social Security Income? ☐No ☐Yes, $_____ per mo Pension Income? ☐No ☐Yes, $_____ per mo
Other Income ☐No ☐Yes, $_____ per mo from _____

Does PW own real property? ☐No ☐Yes (list address and value on a separate page)
Does PW own significant personal property? ☐No ☐Yes (list type and value on separate page)

Describe PW's incapacity in past 6 months ____
____
____

PW's Physician's Name: ______________________________ Phone# (_____)_____-__________
Address____
How long has PW been a patient of this Physician? ______ Date PW last seen ____________________

Provide the name, address and telephone for each spouse, parent or adult child of PW:
Name _______________________________________ Address ____
City/State/Zip ______________________________ Phone # (_____)_____-________ Relationship _______________
E-Mail Address ___________________________________

Name _______________________________________ Address ____
City/State/Zip ______________________________ Phone # (_____)_____-________ Relationship _______________
E-Mail Address ___________________________________

Name _______________________________________ Address ____
City/State/Zip ______________________________ Phone # (_____)_____-________ Relationship _______________
E-Mail Address ___________________________________

Name _______________________________________ Address ____
City/State/Zip ______________________________ Phone # (_____)_____-________ Relationship _______________
E-Mail Address ___________________________________

Name _______________________________________ Address ____
City/State/Zip ______________________________ Phone # (_____)_____-________ Relationship _______________
E-Mail Address ___________________________________

Name _______________________________________ Address ____
City/State/Zip ______________________________ Phone # (_____)_____-________ Relationship _______________
E-Mail Address ___________________________________

Name _______________________________________ Address ____
City/State/Zip ______________________________ Phone # (_____)_____-________ Relationship _______________
E-Mail Address ___________________________________

Name _______________________________________ Address ____
City/State/Zip ______________________________ Phone # (_____)_____-________ Relationship _______________
E-Mail Address ___________________________________

If PW is in a residential facility, provide the name, address of the facility, the name, email and phone number of the Administrator.

_____

_____

If PW is a minor, is there a pending conservatorship matter? If so, provide the cause number, court, last date action was had in court and identify all parties to the lawsuit.

Cause #_____ Court _____ Date _____

Parties:

Name _____ Relationship to PW _____

Name _____ Relationship to PW _____

Name _____ Relationship to PW _____

Name _____ Relationship to PW _____

Does PW have a biological parent not listed above? If so list him/her here:

Name _____ Relationship to PW _____

Name _____ Relationship to PW _____

Is anyone not listed above required to contribute to the financial support of PW? ☐No ☐Yes, identify:

Name _____ Relationship _____ Address _____

City/State/Zip _____ Phone # (_____)_____-_____ Email _____

Name _____ Relationship _____ Address _____

City/State/Zip _____ Phone # (_____)_____-_____ Email _____

If PW's incapacity is solely an intellectual disability, describe PW's functional capacity and any list any issues you or a natural guardian (biological or legal parent or conservator) have had in obtaining educational, medical, or psychological services issues for PW or any concerns you have, including immediate needs for the safety and welfare of the PW if a guardianship is not established:

_____

_____

_____

_____

_____

_____

_____

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 health hospital. The GOP does not manage the finances of 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 for approval by the Court. The GOE must apply to the Court for permission to sell real property or make expenditures outside of the monthly budge. The GOE must account to the court annually for all income and expenditures and seek approval for payment of legal fees and expenses.

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 Intellectual Disability DID

If an intellectual disability is the basis, at least in part, for the PW's incapacity, a DID may be required. A DID can be obtained through Tarrant County MHMR or through an Educational Diagnostician through an Independent School District.

Qualifications and Disqualifications of Guardians

To qualify as a guardian, you must be 18 years or older, cannot have been declared an incapacitated person by a Court of Law, 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 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-need designation of guardian signed by PW when PW had capacity, a spouse of PW has priority to serve as Guardian. Thereafter, the eligible person nearest of kin has priority (adult children, parents). If there is no eligible person to serve, the Court may appoint the Department of Aging and Disability Services (DADS) or another entity.

Temporary Guardianship

A Court can appoint a temporary guardian almost immediately, if necessary 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 expires in 60 days unless there is a challenge or contest filed.

Alternatives to Guardianship/Supports & Services

A Court will deny a guardianship application if there is a less restrictive alternative available or, if through the use of supports and services, PW can meet his/her needs and obtain services without the appointment of a Guardian.

Joint Guardians

In some circumstances, two people can be appointed as Guardians. The two people must either be married or, be the biological parents of the PW.