

LAW OFFICE OF SAM M. (TREY) YATES, III, P.C
ATTORNEY ~ MEDIATOR

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**CLIENT INFORMATION FORM
FOR GUARDIANSHIP MATTERS**

******PERSONAL AND CONFIDENTIAL******

Please fill out as completely. If you lack some information, please make note of it and notify our office with the information as soon as possible. All information is strictly confidential

YOUR NAME:

(Last) (First) (Middle) (Maiden)

Date of Birth Place of Birth (City and State)

IDENTIFICATION #'S

Social Security # State and Driver's Lic. # (Attach a copy)

RESIDENCE:

Street City/State Zip Code

MAILING ADDRESS:

If different from residence _____
Street City/State Zip Code

COMMUNICATION:

Home # Fax # @ Home e-mail @ home

Pager # Cell/Mobile #

Work # Fax # @ Work e-mail @ work

OCCUPATION:

Employer Address

EMPLOYMENT:

PROPOSED WARD: _____

(Last)

(First)

(Middle)

(Maiden)

Date of Birth

Place of Birth

IDENTIFICATION #'S _____

Social Security #

State and Driver's License #

Race

DOCTOR WHO HAS LAST SEEN WARD AND DATE OF LAST EXAMINATION:

Name

Address

Contact Number

Date of Last Examination of Ward

IS WARD MARRIED? _____

If yes:

NAME OF SPOUSE: _____

DATE OF MARRIAGE: _____

LOCATION OR CONTACT INFORMATION FOR SPOUSE: _____

DOES THE WARD HAVE CHILDREN? _____

If yes:

NAME OF CHILD: _____

ADDRESS: _____

CONTACT NO: _____

NAME OF CHILD: _____

ADDRESS: _____

CONTACT NO: _____

NAME OF CHILD: _____

ADDRESS: _____

CONTACT NO: _____

NAME OF CHILD: _____

ADDRESS: _____

CONTACT NO: _____

IF WARD HAS NO CHILDREN, THEN FURNISH THE NAMES, ADDRESSES, CONTACT NUMBERS AND RELATIONSHIPS OF ALL OF THE CLOSEST LIVING RELATIVES OF THE WARD:

NAME: _____

ADDRESS: _____

CONTACT NO: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

CONTACT NO: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

CONTACT NO: _____

RELATIONSHIP: _____

DOES WARD OWN REAL AND/OR PERSONAL PROPERTY SUCH AS A RESIDENCE, SECURITIES, CASH, AUTOMOBILES, HOUSEHOLD GOODS, AND PERSONAL AFFECTS IN TEXAS? Approximately, what is value of the property and give a brief description of property:

VALUE: _____

BRIEF DESCRIPTION: _____

IF WARD IS IN A RESIDENTIAL FACILITY, PROVIDE THE NAME, ADDRESS, CONTACT INFORMATION OF FACILITY: _____

DOES THE WARD HAVE A DURABLE POWER OF ATTORNEY? IF SO, THEN STATE THE NAME, ADDRESS, CONTACT INFORMATION, AND RELATION OF THE PERSON WITH THE POWER OF ATTORNEY. IF A COPY IS AVAILABLE, PLEASE PROVIDE: _____

IF THE WARD IS A MINOR, IS THERE A PENDING CONSERVATORSHIP? IF SO, FURNISH THE CAUSE NUMBER, COURT, LAST DATE ANY ACTION WAS HAD IN COURT AND WHO ARE THE RESPECTIVE CONSERVATORS: _____

OTHER INFORMATION: _____

ESSENTIAL DOCUMENTS FOR GUARDIANSHIP:

- ◆ Copies of Deeds, Deeds of Trust or Mineral Deeds identifying Real Property of the Ward;
- ◆ Copies of insurance policies and motor vehicle titles which identify personal property of Ward;
- ◆ Copy of doctor's letter indicating need for guardianship;
- ◆ Copy of Ward's previous Income Tax Returns;
- ◆ Copy of any Powers of Attorney, Living Trusts, of other pre-need documents.

I UNDERSTAND that a consultation fee of \$_____ will be charged.
I ACKNOWLEDGE that a consultation fee will be paid upon my initial consultation.

Date: _____ Signature: _____

Consultation fee received by: _____

Method of Payment: _____