



TREY YATES LAW

THE LAW OFFICE OF SAM M. (TREY) YATES, III, P.C.  
SAM M. (TREY) YATES, III  
BOARD CERTIFIED FAMILY LAW  
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**Client Initial Interview Form for Guardianship Matters**

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

**Please fill out as completely as possible.** If you lack requested information, please make note and provide missing information as soon as possible. All information provided to our office is strictly confidential, and will be protected by the attorney-client privilege.

**Your Name:** \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

**Relationship to Ward:** \_\_\_\_\_

**Date/Place of Birth:** \_\_\_\_\_  
Date Place (City and State)

**Identification Nos:** \_\_\_\_\_  
Social Security # State and Driver's Lic. # (attach a copy)

**Home Address:** \_\_\_\_\_  
Street City/state Zip Code

**Mailing Address:** \_\_\_\_\_  
(if different) Street City/state Zip Code

**Communication:** \_\_\_\_\_  
Home Phone Cell Phone Work Phone

\_\_\_\_\_  
Personal Email Work Email

\_\_\_\_\_  
Home Fax # Work Fax # Pager #

**Occupation:** \_\_\_\_\_

**Employment:** \_\_\_\_\_  
Employer Address

**Proposed Ward:** \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

**Date/Place of Birth:** \_\_\_\_\_  
Date Place of Birth

Social Security No.

State and Driver's License No.

Race

Last Examination: \_\_\_\_\_  
Date

Name of Physician

Physician's Address

Contact Number

Is Ward Married? \_\_\_\_\_ Date of Marriage:

Spouse Name and Contact Info: \_\_\_\_\_

Does the Ward Have Children? \_\_\_\_\_ If YES, list children:

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Contact No: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Contact No: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Contact No: \_\_\_\_\_

Name, address, contact number and relationship of Ward's closest living relatives, other than Applicant and children:

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

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

Contact No: \_\_\_\_\_

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

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

Contact No: \_\_\_\_\_

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

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

Contact No: \_\_\_\_\_

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

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

Contact No: \_\_\_\_\_

Does Ward own real and/or personal property such as a home, other real estate, cash, securities, automobiles, household goods, and/or personal affects in Texas? Please state an approximate value and brief description of all such property:

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

Is Ward in a residential facility? \_\_\_ Name of Facility: \_\_\_\_\_

Provide facility address, phone number and name (with position) of contact person:

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

Does the Ward have a durable power of attorney? \_\_\_ If yes, state the name, address, contact information, and relation of the person holding the power of attorney and provide a copy, if available: \_\_\_\_\_

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

If the Ward is a minor, is there a pending conservatorship? \_\_\_ If so, furnish the cause number, court, date of last court action and name of respective conservators:

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

Other Pertinent Information: \_\_\_\_\_

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

#### ESSENTIAL DOCUMENTS FOR GUARDIANSHIP:

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

I UNDERSTAND and ACKNOWLEDGE that the \$ 450.00 consultation fee shall be paid at the time of my initial consultation.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Consultation fee received by: \_\_\_\_\_

Method and Amount of Payment: \_\_\_\_\_