



TREY YATES LAW

THE LAW OFFICE OF SAM M. (TREY) YATES, III, P.C.
SAM M. (TREY) YATES, III
BOARD CERTIFIED FAMILY LAW
TEXAS BOARD OF LEGAL SPECIALIZATION
FELLOW - AMERICAN ACADEMY OF MATRIMONIAL LAWYERS
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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: _____