



**GUARDIANSHIP INFORMATION FORM (SECTION 1101.001)
(INTERVIEW SHEET)**

1. Ward's Name: _____
Sex: _____
Date of Birth: _____
Address: _____

County: _____

Ward's Spouse: _____
Ward's kids: _____

Ward's siblings: _____

Ward's parents (Address): _____

2. Applicant's Name: _____
Relationship: _____
Address: _____

3. Ward's SSN: _____
Applicant's SSN: _____

4. Guardianship of Estate: Yes _____ No _____
Guardianship of Person: Yes _____ No _____

5. Nature and Degree of Incapacity: Total: _____ Partial: _____
Dr. Letter: _____

Is basis of alleged incapacity "intellectual disability"? (See Section 1101.104) _____

Specific Areas of Protection and Assistance: _____

Limitation of Rights Requested to be included in the Court's Order: _____

Facts that Require that a Guardian be Appointed: _____

Interest of the Applicant in the Appointment: _____

Is there a Guardianship of any kind in Texas or any other state? (Describe) _____

The name or address of person or institution having the care and custody of the proposed Ward: _____

6. What is the approximate value and description of Proposed Ward's property, including any compensation, pension, insurance, or allowance to which Ward is entitled? _____

7. What is the requested (see Application) term (if any) of the guardianship? _____

8. Name/address of any person whom the Applicant knows to hold a POA signed by the Ward and a description of the type of POA: _____

9. If proposed Ward is a minor (see Section 1101.101(b)), subdiv. 11-12: _____

10. Show facts showing Court has venue (Section 1023.001):

County in which Ward resides or is located on date of filing of application:

OR

County in which the principal estate of Ward is located:

11. Is the person whom the Applicant desires to have appointed as guardian a private professional who has complied with Sections 1104.303 and 1104.304? _____

12. Citation (Section 1051.103) [1. Must personally serve Proposed Ward, Ward’s parents, and any conservator or person having control of care & welfare of Ward; 2. Must mail CRRR notice to siblings, spouse, kids of Ward/administrator of nursing home or similar facility in which Ward resides/operator of residential facility in which Ward resides/person whom Applicant knows to hold a POA signed by Ward]

If any person mentioned above, except Ward, may waive receipt of notice or the issuance and personal serve of citation.

13. Any medical/psychiatric evaluations or statements by psychiatrists or doctors?
[See Section 1101.103 (copy is attached)]

14. Has Ward ever executed “Designation of Guardian Before Need Arises”? _____
