

**RAINEY & RAINEY, ATTORNEYS AT LAW
GUARDIANSHIP**

Today's Date _____

Full Name of Person Needing a Guardian _____			
Address _____	City _____	State _____	Zip _____
Telephone Number _____			
Date of Birth _____			
Driver's License # _____		Social Security # _____	
Marital Status _____		Name of Spouse (if applicable) _____	
Currently in the Care and Custody of: _____			
Nursing Home in Which Resides (If Applicable) _____			

YOUR INFORMATION

Full Name _____ Relationship to Proposed Ward _____

Full Address _____

Cell Phone _____ Secondary Phone _____

E-Mail _____

HOW DID YOU LOCATE OUR OFFICES? (Please check each that applies and let us know who referred you to our firm. We like to thank those who recommend us.)

Previously used our services: _____

Referred by another client: _____

Referred by a professional: _____

General Reputation Website Internet Advertising

Yellow Pages Waco Today Other: _____



**ADDITIONAL INFORMATION ABOUT PROPOSED GUARDIAN
(Required by Court)**

Date of Birth _____ Employer _____

Driver's License # (last 3 digits) _____ Social Security # (last 3 digits) _____

Have You Ever Been Arrested for or Convicted of a Crime? Yes No

Explain: _____

Seeking Guardianship of: Person Estate Both

Do you expect any complications with the guardianship? Yes No

Explain: _____

Are there any family members who might want to challenge guardianship or your appointment as guardian? Yes No

Explain: _____

Is anyone named a power of attorney for proposed Ward? Yes No

**SPOUSE OF PERSON NEEDING A GUARDIAN
(If Different from Proposed Guardian)**

Full Name _____

Full Address _____

Work Phone _____ Home Phone _____

Cell Phone _____ E-mail _____

Date of Birth _____ Date of Marriage _____

CHILDREN OF PERSON NEEDING A GUARDIAN

Full Name _____

Complete Address _____

Phone _____ Date of Birth _____

Check One: Natural Adopted Step Child Disabled? Yes No

Full Name _____

Complete Address _____

Phone _____ Date of Birth _____

Check One: Natural Adopted Step Child Disabled? Yes No

Full Name _____

Complete Address _____

Phone _____ Date of Birth _____

Check One: Natural Adopted Step Child Disabled? Yes No

Full Name _____

Complete Address _____

Phone _____ Date of Birth _____

Check One: Natural Adopted Step Child Disabled? Yes No

DECEASED CHILDREN OF PROPOSED WARD

Does the Proposed Ward Have Any Deceased Children? _____

Name and Date of Death _____

Is the Deceased Child Survived by Descendants? _____

HEALTH CARE PROVIDERS OF PROPOSED WARD

Proposed Ward's Primary Physician: _____

Other Doctors: _____



PARENTS OF PROPOSED WARD

Father's Full Name _____ Status: Living Deceased

Please Complete the Following if Living:

Street Address _____

City, State and Zip _____ Phone _____

Mother's Full Name _____ Status: Living Deceased

Please Complete the Following if Living:

Street Address _____

City, State and Zip _____ Phone _____

SIBLINGS OF PROPOSED WARD

Full Name _____ Status: Living Deceased

Please Complete the Following if Living:

Street Address _____

City, State and Zip _____ Phone _____

Full Name _____ Status: Living Deceased

Please Complete the Following if Living:

Street Address _____

City, State and Zip _____ Phone _____

Full Name _____ Status: Living Deceased

Please Complete the Following if Living:

Street Address _____

City, State and Zip _____ Phone _____

