The Law Offices of Shelly B. West

Three Energy Square 6688 North Central Expressway, Suite 1000 Dallas, Texas 75206

consult \$_____

214-373-9292

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GUARDIANSHIP INFORMATION SHEET

Date of Consultation: _	Referred by:				
	(today's date)		(who referred you to our office, i.e., name of friend, attorney, or internet referral)		
PETITIONER: (If y	ou are filing a new case	you are the Petitioner.)			
Full Name:				Age:	
Maiden Name:		Social Security# (last 4 digits only)			
Birthdate:		D.L. # (last 4 digits only) S		State:	
Place of Birth:					
Home Address & Coun	ty:				
Telephone Numbers:	(Work):		(Home):		
Other numbers:	(Cell):	·	(Fax):		
Business Name:					
Business Address:					
email Address:					
Salary/Income:					
PROPOSED WAR	D: (The person over wh	nom you are obtaining guar	dianship.)		
Full Name:				Age:	
Maiden Name:		Soc	Social Security#: (last 4 digits only)		
Maiden Name:					
Birthdate:		D.L. # (last 4 digits o	only)	State:	
Place of Birth:					
Telephone Numbers:	(Work):		(Home):		
Business Address:					
email Address:					
Salary/Income:					

Your Next of Kin: Phone:
Primary Care Physician for Proposed Ward:
Full Name:
Address:
Telephone Numbers: (Office): (Fax):
Diagnosis of Proposed Ward or description of incapacity:
Temporary Orders Desired? Extraordinary Relief Desired?
Request Award of Attorney's Fees?
Have you been to court before in this matter?
When and Why?
Cause No. (Case No.) and County of case
(Please provide the latest order)
How many attorneys have you had?
Have many times have you been married? (Include any marriages annulled)
Have you ever been charged or convicted with a misdemeanor? If yes, please explain
Have you ever been charged or convicted with a felony? If yes, please explain
At what age did you graduate from high school?