

**SLATE LAW & ASSOCIATES**  
*Attorneys At Law*

**Your Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CLIENT QUESTIONNAIRE – PROBATE/GUARDIANSHIP**

Please fill out this questionnaire. It is important that you answer each question **FULLY**.

It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege. In order to maintain confidentiality no one else can be present in the meeting with the attorney unless there is prior approval by the attorney.

**NOTICE OF CONFIDENTIALITY**

**THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF CIVIL EVIDENCE. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.**

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112 East Forrest Lane  
Deer Park, Texas 77536  
Fax: (281) 476-5811  
Tel: (281) 476- 9447

1920 Country Place Pkwy.  
Suite 410, (Fourth Floor)  
Pearland, Texas 77584  
Fax: (281) 476-5811  
Tel: (281) 464-3884

515 Post Oak Blvd. Suite 600  
Houston, Texas 77027  
Fax: (281) 476-5811  
Tel: (281) 476-9447

**PERSONAL INFORMATION**

**1. Please give your *full* name, date and place of birth, and Social Security number.**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth (City, County, State): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Drivers License: \_\_\_\_\_  
Previous Names (Maiden): \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

**2. Where are you living now, and what is your phone number?**

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**3. At what address do you wish to receive mail from this office?**

\_\_\_\_\_

**4. How do you prefer that we contact you?**

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**5. How were you referred to this office (please check one)?:**

- Personal reference: \_\_\_\_\_
- Internet – Website: \_\_\_\_\_
- Other: \_\_\_\_\_

**6. Have you consulted any other attorneys on this matter before coming to this office? \_\_\_\_\_**  
If so, please state who and when: \_\_\_\_\_

**7. Please complete the following information concerning your employment.**

Employer: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
May we call you at work? \_\_\_\_\_  
Gross salary per month or annually: \_\_\_\_\_  
Length of employment: \_\_\_\_\_  
Education: \_\_\_\_\_

**8. Please give your spouse's *full* name, date and place of birth, and Social Security number.**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth (City, County, State): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Drivers License: \_\_\_\_\_  
Previous Names (Maiden): \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

**PART I - PERSONAL DATA OF DECEDENT/PROPOSED WARD**

**NAME of DECEDENT:** \_\_\_\_\_

Alias Names (if any): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Was Decedent a U.S. citizen? Yes No (circle one)

If naturalized U.S. citizen, Date and Place of Naturalization: \_\_\_\_\_

Date of Will, if any: \_\_\_\_\_ Location of Will: \_\_\_\_\_

Date of Codicils, if any: \_\_\_\_\_ Location of Codicils: \_\_\_\_\_

Date of Power of Attorney, if any: \_\_\_\_\_ Location of POA: \_\_\_\_\_

Relatives (alive or deceased): \_\_\_\_\_

Value of Proposed Ward's Estate: \_\_\_\_\_

**NAME of PROPOSED WARD:** \_\_\_\_\_

Alias Names (if any): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License: \_\_\_\_\_

Was Decedent a U.S. citizen? Yes No (circle one)

If naturalized U.S. citizen, Date and Place of Naturalization: \_\_\_\_\_

Date of Will, if any: \_\_\_\_\_ Location of Will: \_\_\_\_\_

Date of Codicils, if any: \_\_\_\_\_ Location of Codicils: \_\_\_\_\_

Date of Power of Attorney, if any: \_\_\_\_\_ Location of POA: \_\_\_\_\_

Basis of Incapacity (Physical or Mental Limitations of Disabilities): \_\_\_\_\_

Date of Last Episode of Incapacity: \_\_\_\_\_

Name of Doctors: \_\_\_\_\_

Relatives (alive or deceased): \_\_\_\_\_

Value of Proposed Ward's Estate: \_\_\_\_\_

**PART II - PERSONAL DATA OF APPLICANTS/RELATIVES**

**NAME of PERSONAL REPRESENTATIVE:**

\_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Drivers License: \_\_\_\_\_  
 Relationship to Decedent: \_\_\_\_\_

**NAME of ALTERNATE REPRESENTATIVE/RELATIVES:**

\_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Drivers License: \_\_\_\_\_  
 Relationship to Decedent: \_\_\_\_\_

**NAME of ALTERNATE REPRESENTATIVE/RELATIVES:**

\_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Drivers License: \_\_\_\_\_  
 Relationship to Decedent: \_\_\_\_\_

**NAME of ALTERNATE REPRESENTATIVE/RELATIVES:**

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Drivers License: \_\_\_\_\_  
 Relationship to Decedent: \_\_\_\_\_

**NAME of ALTERNATE REPRESENTATIVE/RELATIVES:**

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Drivers License: \_\_\_\_\_  
 Relationship to Decedent: \_\_\_\_\_

**NAME of ALTERNATE REPRESENTATIVE/RELATIVES:**

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Drivers License: \_\_\_\_\_  
 Relationship to Decedent: \_\_\_\_\_

**NAME of ALTERNATE REPRESENTATIVE/RELATIVES:**

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Drivers License: \_\_\_\_\_  
 Relationship to Decedent: \_\_\_\_\_

**PART III - BENEFICIARIES or HEIRS AT LAW**

**NAME of SPOUSE/DOMESTIC PARTNER:**

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Drivers License: \_\_\_\_\_  
 Date and place of marriage/domestic partnership: \_\_\_\_\_  
 Status of Former Spouse (circle one): Living Deceased Under Guardianship

**NAME of FORMER SPOUSE/DOMESTIC PARTNER:**

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Drivers License: \_\_\_\_\_  
 Date and place of marriage/domestic partnership: \_\_\_\_\_  
 Date and place of termination of marriage/domestic partnership: \_\_\_\_\_  
 Status of Former Spouse (circle one): Living Deceased Under Guardianship

**NAME of FORMER SPOUSE/DOMESTIC PARTNER:**

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Drivers License: \_\_\_\_\_  
 Date and place of marriage/domestic partnership: \_\_\_\_\_  
 Date and place of termination of marriage/domestic partnership: \_\_\_\_\_  
 Status of Former Spouse (circle one): Living Deceased Under Guardianship

**CHILDREN'S INFORMATION:**

<b>Name</b>	<b>Living</b>	<b>Age</b>	<b>Birthdate</b>	<b>Married</b>	<b>Address</b>
_____	Yes/No	____	_____	Yes/No	_____
_____	Yes/No	____	_____	Yes/No	_____
_____	Yes/No	____	_____	Yes/No	_____
_____	Yes/No	____	_____	Yes/No	_____
_____	Yes/No	____	_____	Yes/No	_____
_____	Yes/No	____	_____	Yes/No	_____

For each child, state the name of the child's other parent, if not decedent's surviving spouse/partner.

**OTHER DEPENDENTS, IF ANY:**

<b>Name:</b>	<b>Age:</b>	<b>Residence:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____