



## WANDA SMITH LAW

A PROFESSIONAL LIMITED LIABILITY COMPANY

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*Wills ~ Trusts ~ Estate Planning ~ Guardianship ~ Probate*

***Read through "Guardianship Process for Disabled Child Turning 18" from my website before you complete this form. It explains the entire guardianship process in Collin County. When calling for an appointment it would be helpful if you would have already have begun the process to obtain the CME, have registered with JBCC, and have completed the online guardianship training. Call or email me if you have any questions while you're working through these other requirements.***

If a married couple is seeking joint appointment of their child, both can be appointed as guardians. Otherwise, only one person can be appointed as Guardian.

### **Information About Applicant:**

1. Full name (include full, middle, and last name):
2. Nickname you use (what should I call you):
3. Street Address:
4. City, State, Zip:
5. Email address:
6. Phone Number:
7. Date of Birth:
8. Last 3 numbers of social security number:
9. Last 3 numbers of driver's license (and state):
10. Is Applicant a parent of the proposed ward? Yes/No
11. Is Applicant's spouse also a parent of the proposed ward and seeking joint appointment?  
Yes/No
12. If not a parent, what is your relationship to the proposed ward?

### **Information About Applicant's Spouse:**

1. Are you a parent of the proposed ward and filing for joint guardianship with your spouse?  
Yes/No
  - a. If not a parent, what is your relationship to the proposed ward?
2. Your full name (include full, middle, and last name):
3. Nickname you use (what should I call you):
4. How do you typically sign your legal documents:
5. Lives at same address as applicant? Yes/No If No:
  - a. Street Address:
  - b. City, State, Zip:
6. Email address:
7. Phone Number:
8. Date of Birth:
9. Last 3 numbers of social security number:
10. Last 3 numbers of driver's license (and state):

**Information About the Proposed Ward:**

1. Full name (include full, middle, and last name):
2. Nickname used:
3. Lives at same residence as applicants? Yes/No
4. If no, provide name of facility:
  - a. Name of Facility:
  - b. Street Address:
  - c. City, State, Zip:
  - d. Name of Administrator:
  - e. Administrator's phone number:
5. Nature of Incapacity:
6. Proposed ward's date of birth:
7. Race:
8. Social Security Number:
9. In Collin County there must be very good reasons for the proposed ward to not attend the hearing, even if they are unable to communicate. If the proposed ward is in a persistent vegetative state, on life support, would require an ambulance transfer, etc., the judge may excuse the proposed ward from attending a hearing. Will the proposed ward be able to attend the court hearing?
10. Answer the following yes/no questions in regard to the proposed ward:
  - a. Should be able to determine his/her own residence:
  - b. Should be able to determine cohabitation arrangements:
  - c. Make decisions regarding marriage:
  - d. Consent to his/her own medical treatment:
  - e. Administer his/her own medications:
  - f. Drive a motor vehicle:
  - g. Vote:
  - h. Should be able sign contracts:
  - i. Should have and manage own bank account:

**Information About the Ward's Estate**

11. Value of Clothing and personal effects \$ \_\_\_\_\_
12. Value of Bank Account \$ \_\_\_\_\_
  - a. Name of institution:
  - b. Street Address:
  - c. City, State, Zip:
  - d. Account Number:
13. Automobile Make, Model, and Year:
  - a. Estimated Value:
  - b. VIN # \_\_\_\_\_
  - c. License Plate # \_\_\_\_\_
  - d. Lienholder's Name \_\_\_\_\_
  - e. Amount of loan: \_\_\_\_\_
14. Real Property
  - a. Value of Property:
  - b. Address:
  - c. City, State, Zip:
  - d. Mortgage, Deed of Trust or Lien?
  - e. Amount of loan: \_\_\_\_\_

**Ability of Proposed Ward to Pay Court Costs**

- 15. Sources of income
  - a. SSI? Yes/No                      Amount \$
  - b. SSDI? Yes/No                     Amount \$
  - c. Other? Yes/No                    Amount \$Source:
- 16. Is there a Representative Payee for Social Security Payments? Yes/No
  - a. If so, who is the Representative Payee?
- 17. Can the proposed ward pay court costs?
- 18. Is the proposed ward dependent on others for financial support?

**Proposed Ward's Family Members**

**Both Parents, if not listed above**

**Father**

- 1. Full name (include full, middle, and last name):
- 2. Street Address:
- 3. City, State, Zip:
- 4. Email address:
- 5. Date of birth:
- 6. Date of death:
- 7. Last 3 numbers of your social security number:
- 8. Last 3 numbers of your driver's license (and state):

**Mother**

- 1. Full name (include full, middle, and last name):
- 2. Street Address:
- 3. City, State, Zip:
- 4. Email address:
- 5. Date of birth:
- 6. Date of death:
- 7. Last 3 numbers of social security number:
- 8. Last 3 numbers of driver's license (and state):

**Have any children been born to or adopted by the proposed ward? Yes/No**

- 1. Full name (include full, middle, and last name):
- 2. Street Address:
- 3. City, State, Zip:
- 4. Email address:
- 5. Date of birth:
- 6. Date of death:
- 7. Age:
- 8. Full name (include full, middle, and last name):
- 9. Street Address:
- 10. City, State, Zip:
- 11. Email address:
- 12. Date of birth:
- 13. Date of death:
- 14. Age:

**Siblings – List all full blood and half blood brothers and sisters**

- a. **Full name** (include full, middle, and last name):
- b. Street Address:
- c. City, State, Zip:
- d. Email address:
- e. Phone Number:
- f. Date of birth:
- g. Date of death:
- h. Age:
- i. **Full name** (include full, middle, and last name):
- j. Street Address:
- k. City, State, Zip:
- l. Email address:
- m. Phone Number:
- n. Date of birth:
- o. Date of death:
- p. Age:
- q. **Full name** (include full, middle, and last name):
- r. Street Address:
- s. City, State, Zip:
- t. Email address:
- u. Phone Number:
- v. Date of birth:
- w. Date of death:
- x. Age:
- y. **Full name** (include full, middle, and last name):
- z. Street Address:
- aa. City, State, Zip:
- bb. Email address:
- cc. Phone Number:
- dd. Date of birth:
- ee. Date of death:
- ff. Age:

Attach additional sheets if needed.

15. Have you reviewed the list of disqualifiers listed on the ***Guardianship Process for Disabled Child Turning 18***, available on my website?
  - a. Do you have a criminal background history that will disqualify you?
  - b. Do you have any adverse interests to the proposed ward?
  - c. If applying for guardian of the estate, can you qualify for the corporate surety bond?
16. Have you already obtained a CME or letter regarding the nature of your child's disability?
  - a. If not, have you started the process?
17. Have you registered with JBCC?
  - a. Website: <http://www.txcourts.gov/jbcc/register-a-guardianship/>
18. Have you completed the required guardianship training?

Complete this form and email it along with a copy of the CME (or letter from LifePath) and the Certificate showing you have completed the guardianship training. Call **972-836-9091** to set up the appointment. I will come to your home to meet the Applicant, proposed ward and immediate family members. Along with this form, be sure to download and read the **Engagement Letter** and be prepared to sign it at the consultation.