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**CLIENT INFORMATION
QUESTIONNAIRE
GUARDIANSHIP**

For Office Use Only

Atty/Paralegal _____

Date Opened _____

File No. _____

FEE: \$100.00 FOR INITIAL HALF HOURS CONSULTATION WITH ASSOCIATES. ANY TIME OVER THE FIRST 1/2 HOUR WILL CHARGED AT THE ATTORNEY'S APPLICABLE HOURLY RATE. MR. CURRY'S INITIAL CONSULTATION FEE FOR FAMILY LAW MATTERS IS \$500.00 FOR UP TO ONE HOUR. THIS SUM SHALL BE PAID IN ADVANCE TO RECEPTIONIST PRIOR TO SEEING YOUR ATTORNEY UNLESS PRIOR ARRANGEMENTS ARE MADE.

GENERAL INFORMATION GUARDIANSHIP

The Attorney you are seeing: _____ Date _____

Who referred you to Curry Law Group, P.A.? _____

Have you seen out advertisements in/on: _____ TV _____ Phone Book _____ (which)

_____ Magazines _____ Newspaper _____ (which)

Are you a prior client? _____ If yes, when? _____

Name of Attorney that represented you _____

GUARDIANSHIP OF _____

1. Name: _____

2. Address: _____

City: _____ State _____ Zip Code _____

3. Phone Number: Home _____ Work _____ Cell _____

4. Email address: _____

5. Social Security Number: _____ Date of Birth: _____

Place of Birth _____

6. Reason for Guardianship: _____

7. If a minor, name of minor: _____

8. Address of Minor _____

City: _____ State _____ Zip Code _____

9. If a minor, your relationship to minor: _____

If the person you are seeking guardianship is incapacitated, what is your relationship to that person:

10. Next of Kin: _____

11. U.S. citizen? Yes___ No___ Length of Residence in Hillsborough County _____

12. Employer's name and address: _____

Your position: _____

13. Marital status and name of spouse, if any: _____

14. Assets of Ward and where located: _____

15. If currently serving as guardian for any other ward, list names of each ward, court file number(s), circuit court(s) in which the case(s) is/are pending and whether applicant is acting as the limited or plenary guardian of the person or property or both: _____
16. Do you have any physical disabilities? Yes____ No____. If yes, please describe and state whether such disability may affect applicant's ability, in any degree, to serve as guardian: _____

17. Have you ever been treated for the following:
- | | |
|----------------------|-----------------|
| a. Mental condition? | Yes____ No |
| b. Alcohol? | Yes____ No_____ |
| c. Drugs? | Yes____ No_____ |
| d. Other? | Yes____ No |
- Nature of condition: _____
- If you have answered "yes" to any of the above, please state date, time, location of treatment and name of physician or professional involved: _____
18. Have you ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? Yes _____ No _____
19. Have you ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been uncontested or upheld pursuant to the provisions of Sections 415.104 and 415.1075, Florida Statutes? Yes _____ No _____
20. Have you ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes___ No___ If yes, please give date and complete details: _____

21. Have you ever been charged with, arrested for or convicted of a felony?
Yes____No____ If yes, please furnish details including date, type of offense, location and final disposition: _____
22. Have you ever been charged with, arrested for or convicted of any other crimes?
Yes____No____ If yes, please furnish details including date, type of offense, location and final disposition: _____
23. Have you ever held a position which required bonding? Yes____No____ If yes, please describe position, date, amount of bond and name of surety: _____

24. Have you, in the past, ever served as guardian of a person or of a person's property?
Yes____No____ If yes, please describe below, including reason for termination of fiduciary position: _____

25. Have you ever been held in contempt of court or removed as guardian?
Yes_____ No____ If yes, please describe below: _____

26. Have you ever filed for bankruptcy? Yes_____No____ If yes, please state date and location of court: _____
27. Educational history of applicant:
Name and address Degree Date
High school: _____
College: _____
Other: _____
28. List your employment experience for the past ten (10) years beginning with the most recent date:
Name and address Date Reason for leaving

29. Have you ever been discharged from employment? Yes_____No____ If yes, please explain: _____

30. Has applicant ever been a member of the armed forces of the U.S.?
Yes____ No_____ If yes, what branch, dates and military serial number: _____

31. PERSONAL REFERENCES. Please give the names, addresses and telephone numbers of three (3) responsible persons who have been closely associated with applicant and who have known applicant for five (5) years or more, not including relatives or spouse:
Name and address Telephone number

32. Do you possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian? Yes_____ No____
If yes, please describe below: _____

TO BE FILLED IN BY ATTORNEY

- (a) Matter
(Accepted) _____ Retainer Agreement Signed _____
(Rejected) _____ Rejection Letter Sent _____
(Will Contact) _____ Future Contact Letter Sent _____
- (b) Type of Matter: _____
- (c) Action Requested: _____
- (d) Follow-up Appointment: _____
- (e) Thank you sent to referrer: _____

STATUTE OF LIMITATIONS: _____

CONFLICT OF INTEREST RUN: _____

By: _____

FOR OFFICE/BOOKKEEPING USE ONLY

Retainer	\$ _____	/	
Fee	\$ _____	/	
Fee (no invoice)	\$ _____	/	
Hourly Rate	\$ _____	/	

Attorney's Initials

COMMENTS: _____
