~ Amistad Guardianship Program

Guardianship Referral ~

Referral Date:

~ Personal Details ~

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ SSN: _____ Date of Birth: _____

~ Relatives & Friends ~

DIRECTIONS: Indicate who have expressed a willingness to serve as surrogate Decision-Maker (DM) or to be appointed as a Legal Guardian (LG) by placing a check mark in the appropriate box. ***List name if the person is deceased.***

☐ LG ☐ DM

SPOUSAL INFORATION:

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Is this person alive? ☐ Yes ☐ No

NEXT OF KIN:

Legal	Person's Name	Address of Contact & Phone Numbers
☐ LG ☐ DM	Name	Address Phone:
☐ LG	Name	Address

☐ DM		Phone:
☐ LG ☐ DM	Name	Address Phone:

CHILDREN:

Legal	Child's Name	Address of Contact & Phone Numbers
☐ LG ☐ DM	Name	Address Phone:
☐ LG ☐ DM	Name	Address Phone:
☐ LG ☐ DM	Name	Address Phone:
☐ LG ☐ DM	Name	Address Phone
☐ LG	Name	Address

☐ DM		Phone

SIBLINGS:

Legal	Sibling's Name	Address of Contact & Phone Numbers
☐ LG ☐ DM	Name	Address Phone:
☐ LG ☐ DM	Name	Address Phone:
☐ LG ☐ DM	Name	Address Phone:
☐ LG ☐ DM	Name	Address Phone
☐ LG ☐ DM	Name	Address Phone

FRIENDS / NEIGHBORS:

Amistad Guardianship Program

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Legal	Person's Name	Address of Contact & Phone Numbers
☐ LG ☐ DM	Name	Address Phone:
☐ LG ☐ DM	Name	Address Phone:
☐ LG ☐ DM	Name	Address Phone:

~ Questionnaire ~

1. Does this person have a guardian in the State of Texas? ☐ No ☐ Yes
2. Has this person executed a Living Will? ☐ No ☐ Yes
3. Has this person executed a DNR? ☐ No ☐ Yes
4. Is this person a resident of El Paso County? ☐ No ☐ Yes

If NO, the person is a resident of: N/A

5. Has this person executed a Durable Power of Attorney? ☐ No ☐ Yes

If YES, please provided the following Information:

Name of Agent: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____

6. The nature and degree of the person's incapacity is as follows:
(Please provide Copy of Physician's Certificate of Medical Examination along with this document.)

7. I am aware of the following facts that indicate this person needs a guardian:

~ Finances ~

INCOME:

1. What is the income for this person? If there are additional sources please type in the source next to "Other".

1.	Social Security	$
2.	Retirement	$
3.	SSI	$
4.	VA	$
5.	Other	$
	TOTAL	$ 0

ASSETS:

1. List this person's bank accounts.

#	Financial Institution	Account Balances
1		

2	Institution's Name	$
3	Institution's Name	$
4	Institution's Name	$

TOTAL $ 0

2. Does this person own a **home**? If Yes, complete the details below. ☐ No ☐ Yes

Address: _____

City: _____ St: _____ Zip: _____

Approximate Value: $ _____

3. Does this person own **stocks or bonds**? If Yes, complete the details below: ☐ No ☐ Yes

1. Account 1 $ _____
2. Account 2 $ _____

TOTAL $ 0

4. Does this person have **other assets**? If Yes, complete the details below: ☐ No ☐ Yes

1. Account 1 $ _____
2. Account 2 $ _____

TOTAL $ 0

~ Miscellaneous ~

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1. Is this person involved with other community agencies, i.e Adult Protective Services, Mental Health Authority, Hospice, etc.? If YES, List Below ☐ No ☐ Yes

#	Agency Name	Contact Person	Phone
1			
2			
3			
4			
5			

2. Have you made attempts to contact family members? Explain below. ☐ No ☐ Yes

3. Do you believe this person is in imminent danger, has a serious impairment, and there is a possibility his/her estate will be subject to damage or dissipation unless immediate action is taken? Explain below. ☐ No ☐ Yes

~ Statement & Signature ~

This information is true and correct to the best of my knowledge; I am aware this information might be included in the Application of Guardianship filed with the Probate Court.

Print Your Name

Signature Date: ____ ____ ____

Address | City | St | Zip | Phone