Date: _____

Judge Steve M. King, Tarrant County Probate Court 1
Judge Brooke Allen, Tarrant County Probate Court 2
100 West Weatherford Street
Fort Worth, TX 76196

Re: Suggestion of Need for Guardian or Need for Investigation of Circumstances under § 1102.001, Texas Estates Code

Dear Judges:
I hereby request the Court to investigate the need for a guardian for or the circumstances of the following person:

Name: _____ Phone: _____
Address: _____ Birthdate:_____
_____ SSN:_____
Race: _____ Driver's License: _____

The primary reason I am requesting this investigation is (nature of incapacity):
_____
_____

This person is currently located in a: ☐ private residence ☐ nursing home ☐ hospital
☐ Other (Address or Name) _____

I am: Name (printed)_____
Address: _____
Daytime ph: _____ Pager _____
e-mail: _____

My relationship to the person for whom the investigation is requested:
☐ a family member (relationship) _____
☐ a social worker in a: ☐ hospital ☐ nursing home ☐ governmental facility
☐ a friend ☐ a doctor

☐ YES ☐ NO There is danger to the physical health or safety of this person or to the property or assets of this person unless immediate action is taken. If "YES", explain:
_____
_____

☐ YES ☐ NO The danger is imminent. If "YES", explain:
_____
_____

☐ YES ☐ NO I have contacted the Texas Department of Family and Protective Services (800-252-5400). If "YES," the name of the caseworker is: _____
pager: _____
date contacted: _____

To my knowledge, this person:

☐ YES ☐ NO is a resident of Tarrant County
☐ YES ☐ NO is located in Tarrant County
☐ YES ☐ NO has a Guardian in Texas. (Parents are the natural guardians of children under 18.)
☐ YES ☐ NO has executed a Power of Attorney. If "YES," to whom was it given?

Name: _____ Phone: _____
Relationship: _____ Social Security Number: _____
Address: _____

☐ is a minor ☐ is an adult
☐ cannot provide food, clothing, or shelter for him/herself.
☐ cannot care for the individual's own physical health.
☐ cannot manage the individual's own financial affairs.

The person has the following property :(include Real Property, Cash, Bank Accounts, Certificates of Deposit, Stocks, Securities, other investments, automobiles, etc.)

Description	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

MONTHLY INCOME: (Show sources and amounts per month)

Description	Value
Social Security (amount received per month)	_____
Veterans Benefits (amount received per month)	_____
_____	_____
_____	_____
TOTAL	_____

Family Members: All immediate family members, living or deceased, must be listed. Attach additional sheets as needed.

Name: _____ ☐ Living ☐ Deceased Age: _____
Relationship: _____ ☐ YES ☐ NO Willing to serve as Guardian?
Address: _____ If "YES," Social Security Number: _____
_____ Phone: _____

Name: _____ ☐ Living ☐ Deceased Age: _____
Relationship: _____ ☐ YES ☐ NO Willing to serve as Guardian?
Address: _____ If "YES," Social Security Number: _____
_____ Phone: _____

Name: _____ ☐ Living ☐ Deceased Age: _____
Relationship: _____ ☐ YES ☐ NO Willing to serve as Guardian?
Address: _____ If "YES," Social Security Number: _____
_____ Phone: _____

Non-family members who might be willing to serve as guardian. Attach additional sheets as needed.

Name: _____ Phone: _____
Relationship: _____ Social Security Number: _____
Address: _____

Name: _____ Phone: _____
Relationship: _____ Social Security Number: _____
Address: _____

_____ (initials) Generally, Texas Courts will not appoint a guardian if a "less restrictive alternative" *is* available. In that regard a list of less restrictive alternatives is attached to this form as an appendix. This is not intended to be an exclusive list, nor is it intended to substitute for the advice of legal counsel. However, you are requested to review this list, and indicate that you have done so by initialing the blank above and do not believe a less restrictive alternative is available.

Sincerely,

_____

DECLARATION

"My name is _____ and
(First) (Middle) (Last)

my address is _____.
(Street & Apt #) (City) (State) (Zip Code) (Country)

"I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge."

Executed in _____ County, State of _____, on _____.

_____
Declarant

_____
Printed Name of Declarant

Revised December 12, 2016