Judge Patricia Burns, Tarrant County Probate Court 1
Judge Brooke Allen, Tarrant County Probate Court 2
100 West Weatherford Street
Fort Worth, TX 76196

Date: _____

Re: Information Letter to the Court on Need for Investigation of Circumstances under Ch. 1102, Texas Estates Code

(revised September 1, 2023)

Dear Judges:
I hereby request the Court to investigate the need for a Guardian for, or the circumstances of:

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

The primary reason I am requesting this investigation is: _____
_____
_____

Medical condition(s) that causes the alleged incapacity: _____
_____

This person is currently located in a: ☐ private residence of: _____
☐ nursing home: _____ ☐ hospital: _____
☐ other (address or name) _____

I am: Name (printed)_____
Address: _____
Phone: _____Alt. Phone: _____
E-mail: _____

My relationship to the person for whom the investigation is requested:
☐ a family member (relationship) _____
☐ a friend ☐ a doctor ☐ other: _____
☐ staff of: _____ ☐ hospital ☐ nursing home ☐ governmental facility
I am submitting this information letter on behalf of: _____

☐ 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.
☐ YES ☐ NO The danger is imminent.

If "YES" to either statement above, 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: _____
Date contacted: _____ Phone: _____

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: _____
Address: _____

This person:
☐ 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.
☐ does not have supports or services to meet their needs listed above.

This 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:

	Amount
Social Security (amount received per month)	$_____
Veterans Benefits (amount received per month)	$_____
_____	$_____
_____	$_____
TOTAL	$_____

Facilities/Hospitals: Has an application been made for Medicaid? ☐ YES ☐ NO
If not, why: _____

LIST ALL IMMEDIATE FAMILY MEMBERS, living or deceased. Attach additional sheets as needed.
Name: _____ ☐ Living ☐ Deceased Age: _____
Relationship: _____ ☐ YES ☐ NO Willing to serve as Guardian?
Address: _____ Date of Birth: _____
_____ Phone: _____

Name: _____ ☐ Living ☐ Deceased Age: _____
Relationship: _____ ☐ YES ☐ NO Willing to serve as Guardian?
Address: _____ Date of Birth: _____
_____ Phone: _____

Name: _____ ☐ Living ☐ Deceased Age: _____
Relationship: _____ ☐ YES ☐ NO Willing to serve as Guardian?
Address: _____ Date of Birth: _____
_____ Phone: _____

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

Name: _____ Phone: _____
Relationship: _____ Date of Birth: _____
Address: _____

Name: _____ Phone: _____
Relationship: _____ Date of Birth: _____
Address: _____

How did you learn about the court-initiated guardianship process? _____
_____
_____

Generally, Texas Courts will not appoint a Guardian if a "less restrictive alternative" is available. Please review the list of less restrictive alternatives that is available on the court's website: https://www.tarrantcounty.com/en/probate-courts/about-guardianship.html

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 Signature