

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: _____
Relationship: _____
Address: _____

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

Name: _____
Relationship: _____
Address: _____

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

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

Name: _____
Relationship: _____
Address: _____

Phone: _____
Date of Birth: _____

Name: _____
Relationship: _____
Address: _____

Phone: _____
Date of Birth: _____

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