

COURT INITIATED GUARDIANSHIP INFORMATION LETTER

Judge Guy Herman
Travis County Probate Court #1
P.O. Box 1748, Room 217
Austin, TX 78767

Today's Date: _____

Re: Suggestion of Need for Guardianship

Dear Judge:

My name is: _____

I request the Court to investigate the need for guardian to be appointed for the following person (referred to as "this person" throughout this form):

Name: _____ Phone number(s): _____
Address: _____ City/State/Zip _____
Birthdate: _____ SS # _____ - _____ - _____

I am bringing this to your attention as:

- a friend
- a family member (please indicate relationship) _____
- a social worker in a: hospital nursing home governmental facility
- a doctor
- other (please indicate relationship) _____

This person is currently located in a:

- private residence, address: _____
- health care facility or other residence:
facility name: _____
address: _____

This person IS or IS NOT in **IMMINENT DANGER** of serious impairment to his or her physical health or safety unless immediate action is taken. (check one) **If you checked "IS" please explain:**

The property or assets of this person ARE or ARE NOT in **IMMINENT DANGER** of serious damage, loss or waste unless immediate action is taken. (check one) **If you checked "ARE" please explain:**

In my opinion, this person is: a minor an adult individual,
who because of a: mental condition physical condition
is substantially unable to: (check all that apply)
 provide food, clothing or shelter for him/herself,
 care for the individual's own physical health,
 manage the individual's own financial affairs.

What is the nature and degree of this person's incapacity? What facts indicate the need for a guardian?

To my knowledge, this person:

- | | | |
|-------------------------------|-----------------------------------|--|
| <input type="checkbox"/> is | <input type="checkbox"/> is not | a resident of Travis County. |
| <input type="checkbox"/> is | <input type="checkbox"/> is not | located in Travis County. |
| <input type="checkbox"/> has | <input type="checkbox"/> has not | executed a Durable/ General Power of Attorney to anyone. |
| <input type="checkbox"/> has | <input type="checkbox"/> has not | executed a Medical Power of Attorney to anyone. |
| <input type="checkbox"/> does | <input type="checkbox"/> does not | have a Guardian in Texas. |
| <input type="checkbox"/> does | <input type="checkbox"/> does not | have a Guardian in another state. |

This person has the following property:

PROPERTY DESCRIPTION: (including Real Property, Cash, Bank Accounts, Certificates of Deposit, Stocks, Securities, other investments, automobiles, other assets, etc.)	VALUE

MONTHLY INCOME DESCRIPTION: (Show sources and amounts per month)	VALUE

If you believe this person has executed a Power of Attorney, to whom was it given?

Name: _____ Phone number(s): _____
Address: _____ Relationship: _____

In order to file for a guardianship application, we **MUST** have the following information. Please list **names, addresses and phone numbers** of all of this person's known relatives. **Attach additional sheets as needed.**

Parents:

Name: _____
Relationship: _____
Address: _____

Name: _____
Relationship: _____
Address: _____

Phone number(s): _____

Phone number(s): _____

DOB (if known): _____

DOB (if known): _____

**If deceased date: _____

**If deceased date: _____

Spouse:

Name: _____
Relationship: _____
Address: _____

Phone number(s): _____
DOB: _____

Adult children:

Name: _____
Relationship: _____
Address: _____

Phone number(s): _____
DOB: _____

Name: _____
Relationship: _____
Address: _____

Phone number(s): _____
DOB: _____

Adult siblings:

Name: _____
Relationship: _____
Address: _____

Phone number(s): _____
DOB: _____

Name: _____
Relationship: _____
Address: _____

Phone number(s): _____
DOB: _____

Next of kin:

Name: _____
Relationship: _____
Address: _____

Phone number(s): _____
DOB: _____

Name: _____
Relationship: _____
Address: _____

Phone number(s): _____
DOB: _____

Non-family members with relevant information about this person:

Name: _____
Relationship: _____
Address: _____

Phone number(s): _____
DOB: _____

Name: _____
Relationship: _____
Address: _____

Phone number(s): _____
DOB: _____

Is there an individual who is willing to be guardian for this person? yes no

If yes: Name: _____ Phone number(s): _____
Address: _____ Relationship: _____

I hereby swear under penalty of perjury that this information is true and correct to the best of my knowledge.

Signature: _____
Printed Name: _____
Address: _____

Phone number(s): _____