

**DALLAS COUNTY PROBATE COURTS  
GUARDIANSHIP CASE REFERRAL FORM**

Date form completed: \_\_\_\_\_

**Information regarding the person needing a guardian (also known as the Proposed Ward):**

Proposed Ward's Name: \_\_\_\_\_

(If applicable, please list: Facility Name, Date of Admission, and the name of the Person Who Admitted the Proposed Ward): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Referral Source:**

Your name: \_\_\_\_\_

Your title or relationship to the Proposed Ward: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Additional information regarding the Proposed Ward:**

1. Is Adult Protective Services now or has Adult Protective Services in the past been involved with the Proposed Ward?     \_\_\_ YES     \_\_\_ NO     \_\_\_ Not Sure
2. Why do you think the Proposed Ward needs a guardian? Include a description of any incidences you have witnessed and dates on which they occurred. If necessary, please continue on back of this page.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Does the Proposed Ward have a living SPOUSE?                    \_\_\_ YES            \_\_\_ NO

If YES, list name of the Proposed Ward's spouse along with the address and phone number.

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4. Does the Proposed Ward have any living SIBLINGS?                    \_\_\_ YES            \_\_\_ NO

List the NAMES and AGES of all known living SIBLINGS of the Proposed Ward along with the ADDRESSES and PHONE NUMBERS. If necessary, continue on back of page.

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5. Does the Proposed Ward have any living CHILDREN?                    \_\_\_ YES            \_\_\_ NO

List the NAMES and AGES of all known living CHILDREN of the Proposed Ward along with the ADDRESSES and PHONE NUMBERS. If necessary, continue on back of page.

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6. Does the Proposed Ward have any living PARENTS?                    \_\_\_ YES            \_\_\_ NO

List the NAMES and AGES of all known living PARENTS of the Proposed Ward along with the ADDRESSES and PHONE NUMBERS. If necessary, continue on back of page.

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7. List the NAMES and AGES of all OTHER known FAMILY MEMBERS of the Proposed Ward along with their ADDRESSES and PHONE NUMBERS.

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7a) When were the family members last contacted?

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7b) How were the family members contacted, i.e. by first class mail, certified mail, by telephone, or other methods? \_\_\_\_\_

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8. List the NAMES of all known close friends and clergy of the Proposed Ward along with their ADDRESSES and PHONE NUMBERS.

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8a) When were the friends and clergy last contacted?

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8b) How were the friends and clergy contacted, i.e. by first class mail, certified mail, by telephone, or other methods?

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9. Has there been an Adult Protective Services case on this person in the last 6 months? \_\_\_\_\_  
If yes, please provide as much information regarding the case as possible.

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10. Provide any other information that you think may be relevant or helpful to the Court in its investigation of this matter.

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11. Is there a guardianship pending or in place in any other county or state? If there is, please give details.

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12. This person    **is** /    **is not** a resident of Dallas County.

13. This person    **has** /    **has not** executed a power of attorney to the following person (if possible, attach a copy):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

14. The nature and degree of the Proposed Ward's incapacity is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Identify any health or medical issues regarding the Proposed Ward:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. The Proposed Ward has the following assets and income:

Does the Proposed Ward receive Medicaid funds?    YES    NO SSI?    YES    NO

A. real estate (provide addresses): \_\_\_\_\_

value: \_\_\_\_\_

B. bank accounts (provide bank names and account numbers): \_\_\_\_\_

value: \_\_\_\_\_

C. other assets (describe):

value: \_\_\_\_\_

D. monthly income (include Medicaid, SSI, or Social Security income): \_\_\_\_\_

source: \_\_\_\_\_

E. burial policy (provide company name): \_\_\_\_\_

value: \_\_\_\_\_

17. Is this person in **imminent danger** of having his/her **estate** seriously damaged or dissipated unless immediate action is taken?    \_\_\_ YES    \_\_\_ NO

If yes, explain: (include information on a separate sheet if needed)

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18. Is this person in **imminent danger** of serious impairment to his/her **physical health or safety** unless immediate action is taken?    \_\_\_ YES    \_\_\_ NO

If yes, explain: (include information on a separate sheet if needed)

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19. Has a referral of abuse, neglect, or exploitation been made to the state Adult Protective Services Program (1-800-252-5400)?    \_\_\_ YES    \_\_\_ NO

If so, please provide, if known, the name of the Adult Protective Services Worker and the telephone number:

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**IF THE PERSON COMPLETING THIS FORM IS A FAMILY MEMBER OF THE ALLEGED INCAPACITATED PERSON, PLEASE COMPLETE EITHER (but not both) OPTION 1 OR OPTION 2 ON PAGE 6, OTHERWISE SIGN BELOW:**

I am a person interested in the welfare of the alleged incapacitated person described above and the statements contained herein are made to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**Option 1 – Sworn Statement**

STATE OF TEXAS           §  
COUNTY OF DALLAS       §

I, \_\_\_\_\_, after being first duly sworn, state under oath that I have personal knowledge of the facts contained herein. I declare under penalty of perjury that the foregoing report contains true, correct, and complete statements of fact to the best of my knowledge as of the date stated herein.

Signed: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**SWORN TO** and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

**Option 2 – Unsworn Declaration**

My name is (first, middle and last name) \_\_\_\_\_, my date of birth is (mm/dd/yyyy) \_\_\_\_\_, and my address is (street) \_\_\_\_\_, (city) \_\_\_\_\_, (state) \_\_\_\_\_, (zip code) \_\_\_\_\_, and (country) \_\_\_\_\_. I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of (month) \_\_\_\_\_, (year) \_\_\_\_\_.

\_\_\_\_\_  
Signature (Declarant)

\_\_\_\_\_  
Printed Name (Declarant)

