

**COURT INITIATED GUARDIANSHIP INFORMATION LETTER**

Judge Claudia L. Laird  
Montgomery County Court at Law #2  
210 W. Davis, Suite 300  
Conroe, TX 77301

Today's Date: \_\_\_\_\_

Re: Suggestion of Need of 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: \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Last 4 digits of Social Security: \_\_\_\_\_

I am bringing this to your attention as:

- a friend
- a family member (please indicate relationship): \_\_\_\_\_
- a social worker in a:  hospital  nursing home  government 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: \_\_\_\_\_
- other (please indicate relationship): \_\_\_\_\_

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:**

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

This person  HAS or  HAS NOT been a victim of abuse or neglect? **If you check "HAS", have law enforcement or Texas Department of Family and Protective Services, Adult Protective Services, (800-252-5400) been contacted in this instance or prior instances ?**

- YES, Law Enforcement Date Contacted: \_\_\_\_\_  
Agency: \_\_\_\_\_ Phone: \_\_\_\_\_
- YES, Adult Protective Services Date Contacted: \_\_\_\_\_  
Caseworker: \_\_\_\_\_ Phone: \_\_\_\_\_
- NO, no one has been contacted.

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 check "ARE" please explain:**

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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?

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To my knowledge, this person:

- is  is not a resident of Montgomery County.
- is  is not located in Montgomery County.
- has  has not executed a Durable / General Power of Attorney to anyone.
- has  has not executed a Medical Power of Attorney to anyone.
- does  does not have a Guardian in Texas.
- does  does not have a Guardian in another state.

This person has the following property:

| <b>PROPERTY DESCRIPTION:</b> (including Real Property, Cash, Bank Accounts, Certificates of Deposit, Stocks, Securities, other investments, automobiles, other assets, etc.) | <b>VALUE</b> |
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| <b>MONTHLY INCOME DESCRIPTON:</b> (Show sources and amounts per month) | <b>VALUE</b> |
|--|--------------|
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If you believe this person has executed a Power of Attorney, to whom was it given?

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

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

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

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DOB (if known): \_\_\_\_\_ DOB (if known): \_\_\_\_\_

\*\*If deceased, date: \_\_\_\_\_ \*\*If deceased, date: \_\_\_\_\_

**Spouse**

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

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

Phone Number: \_\_\_\_\_

DOB (if known): \_\_\_\_\_

**Adult children:**

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

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

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DOB (if known): \_\_\_\_\_ DOB (if known): \_\_\_\_\_

**Adult Siblings**

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

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

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DOB (if known): \_\_\_\_\_ DOB (if known): \_\_\_\_\_

**Next of kin**

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

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

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DOB (if known): \_\_\_\_\_ DOB (if known): \_\_\_\_\_

**Non-family members with relevant information about this person:**

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

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

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DOB (if known): \_\_\_\_\_ DOB (if known): \_\_\_\_\_

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

If yes:

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

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

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): \_\_\_\_\_