

COURT INITIATED GUARDIANSHIP INFORMATION LETTER

Today's Date: _____

Williamson County Court at Law #4
405 Martin Luther King, Box 17
Georgetown, TX 78628

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
If one of the above, employer/facility name: _____
- ☐ a doctor
- ☐ other (please indicate relationship) _____

This person is currently located in a:

- ☐ private residence:
address: _____
city/state/zip: _____
- ☐ health care facility or other residence:
facility name: _____
address: _____
city/state/zip: _____

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:

- ☐ is ☐ is not a resident of Williamson County.
- ☐ is ☐ is not located in Williamson 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:

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: _____

City/St/Zip: _____

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: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City/St/Zip: _____	City/St/Zip: _____
Phone number(s): _____	Phone number(s): _____
DOB (if known): _____	DOB (if known): _____
**If deceased date: _____	**If deceased date: _____

Spouse:

Name: _____
Address: _____
City/St/Zip: _____
Phone number(s): _____
DOB: _____
**If deceased date: _____

Adult children:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City/St/Zip: _____	City/St/Zip: _____
Phone number(s): _____	Phone number(s): _____
DOB (if known): _____	DOB (if known): _____
**If deceased date: _____	**If deceased date: _____

Adult siblings (use spaces in "next of kin" if needed for additional siblings):

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City/St/Zip: _____	City/St/Zip: _____
Phone number(s): _____	Phone number(s): _____
DOB (if known): _____	DOB (if known): _____
**If deceased date: _____	**If deceased date: _____

If none of the above, please list **Next of kin:**

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City/St/Zip: _____	City/St/Zip: _____
Phone number(s): _____	Phone number(s): _____
DOB (if known): _____	DOB (if known): _____
**If deceased date: _____	**If deceased date: _____

Non-family members with relevant information about this person:

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Address: _____ Address: _____
City/St/Zip: _____ City/St/Zip: _____
Phone number(s): _____ Phone number(s): _____

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

If yes: Name: _____ Phone number(s): _____
Address: _____ Relationship: _____
City/St/Zip: _____

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

Signature: _____
Printed Name: _____
Address: _____
City/St/Zip: _____
Phone number(s): _____