

**Re: Suggestion of Need for Guardian or Need for Investigation
of Circumstances under § 1102.001, Texas Estates Code**

Dear Judges:

I hereby request the Court to investigate the need for a guardian for or the circumstances of the following person:

Name: _____ Phone: _____
Address: _____ Birthdate: _____
Race: _____ SSN: _____
Driver's License: _____

The primary reason I am requesting this investigation is (nature of incapacity):

This person is currently located in a: private residence nursing home hospital
Other (Address or Name) _____

I am: Name (Printed): _____
Address: _____
Daytime phone: _____ Pager: _____
E-mail: _____

My relationship to the person for whom the investigation is requested:

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

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. If "YES", explain:

YES NO The danger is imminent. If "YES", 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: _____
Pager: _____
Date Contacted: _____

To my knowledge, this person:

- YES NO is a resident of Bexar County
- YES NO is located in Bexar 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: _____ Social Security Number: _____

Address: _____

- 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.

The 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: (Show sources and amounts per month)

Description	Value
Social Security (amount received per month)	_____
Veterans Benefits (amount received per month)	_____
_____	_____
_____	_____
TOTAL	_____

Family Members: All immediate family members, living or decease must be listed. Attach additional sheets as needed.

Name: _____ Living Deceased Age: _____
Relationship: _____ YES NO Willing to serve as Guardian?
Address: _____ If "YES" Social Security Number: _____
Phone: _____

Name: _____ Living Deceased Age: _____
Relationship: _____ YES NO Willing to serve as Guardian?
Address: _____ If "YES" Social Security Number: _____
Phone: _____

Name: _____

Living Deceased Age: _____

Relationship: _____

YES NO Willing to serve as Guardian?

Address: _____

If "YES" Social Security Number: _____

Phone: _____

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

Name: _____

Phone: _____

Relationship: _____

Social Security Number: _____

Address: _____

Name: _____

Phone: _____

Relationship: _____

Social Security Number: _____

Address: _____

(Initials) Generally, Texas Courts will not appoint a guardian if a "less restrictive alternative" is available. In that regard a list of less restrictive alternatives is attached to this form as an appendix. This is not intended to be an exclusive list, nor is it intended to substitute for the advice of legal counsel. However, you are requested to review this list, and indicate that you have done so by initialing the blank above and do not believe a less restrictive alternative is available.

Sincerely,

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

Printed Name of Declarant