

Judge Steve M. King, Tarrant County Probate Court 1  
Judge Patrick W. Ferchill, Tarrant County Probate Court 2  
100 West Weatherford Street  
Fort Worth, TX 76196

**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: \_\_\_\_\_  
\_\_\_\_\_ SSN: \_\_\_\_\_  
Race: \_\_\_\_\_ 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 ph: \_\_\_\_\_ 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 Tarrant County
- YES     NO    is located in Tarrant 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 deceased, 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: \_\_\_\_\_

\_\_\_\_\_ Generally, Texas Courts will not appoint a guardian if a "less restrictive alternative"  
(initials) 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 of \_\_\_\_\_, State of \_\_\_\_\_, on \_\_\_\_\_.

\_\_\_\_\_  
Declarant

\_\_\_\_\_  
Printed Name of Declarant

*Revised June 15, 2013*