

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
Agency: _____ Date Contacted: _____
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:**

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 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:

PROPERTY DESCRIPTION: (including Real Property, Cash, Bank Accounts, Certificates of Deposit, Stocks, Securities, other investments, automobiles, other assets, etc.)	VALUE

MONTHLY INCOME DESCRIPTON: (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: _____
 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): _____