



**Re: Suggestion of Need for Guardian or Need for Investigation of  
Circumstances under § 1102.001 - .003 of the Texas Estates Code  
NOTE: THIS IS NOT A CONFIDENTIAL DOCUMENT**

Date: \_\_\_\_\_

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: \_\_\_\_\_  
County of residence: \_\_\_\_\_

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

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

This person is currently located in a:  private residence  health care facility  hospital  
 other (Address or Name) \_\_\_\_\_

I am: Name (printed) \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
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  other \_\_\_\_\_

Is the person in *imminent* danger of serious impairment of his or her physical health, safety, property, money or other assets?

YES  NO If "YES", please explain as best you can (attach a separate sheet if necessary):

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

To my knowledge, this person:

- YES     NO    is a resident of Fort Bend County
- YES     NO    is located in Fort Bend 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 (answer below)?

Agent's Name: \_\_\_\_\_

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

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

To my knowledge, this person is:

- YES     NO    able to provide food, clothing, or shelter for himself or herself.
- YES     NO    able to care for his or her own physical health.
- YES     NO    able to manage his or her own financial affairs.

ASSETS

The person has the following property: (real property, cash, bank accounts, certificates of deposit, stocks, securities, other investments, automobiles, etc. DO NOT LIST ACCOUNT NUMBERS)

Description	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

INCOME

MONTHLY INCOME: (Show sources and amounts per month. Attach additional sheets as needed.)

Description	Value
Social Security (amount received per month)	_____
Veterans Benefits (amount received per month)	_____
Other monthly resources:	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

**Family Members:** All immediate family members (spouse, children, parents, siblings), living or deceased, must be listed. Attach additional sheets as needed.

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Living       Deceased    Age: \_\_\_\_\_  
 YES         NO Willing to serve as Guardian?  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Living       Deceased    Age: \_\_\_\_\_  
 YES         NO Willing to serve as Guardian?  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Living       Deceased    Age: \_\_\_\_\_  
 YES         NO Willing to serve as Guardian?  
 Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Living       Deceased    Age: \_\_\_\_\_  
 YES         NO Willing to serve as Guardian?  
 Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

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

\_\_\_\_\_ 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,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**If you are a family member of the person believed to be incapacitated, you must complete the following section: It does not need to be notarized.**

**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 \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature