

Judge Patricia Burns, Tarrant County Probate Court 1  
Judge Brooke Bell, Tarrant County Probate Court 2  
100 West Weatherford Street  
Fort Worth, TX 76196

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

**Re: Information Letter to the Court on Need for Investigation  
of Circumstances under Ch. 1102, Texas Estates Code**

Dear Judges:

I hereby request the Court to investigate the need for a Guardian for, or the circumstances of:

|                 |                         |
|-----------------|-------------------------|
| Name: _____     | Phone: _____            |
| Address: _____  | Birthdate: _____        |
| City, Zip _____ | SSN: _____              |
| Race: _____     | Driver's License: _____ |

The primary reason I am requesting this investigation is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical condition(s) that causes the alleged incapacity: \_\_\_\_\_  
\_\_\_\_\_

This person is currently located in a: ☐ private residence of: \_\_\_\_\_  
☐ nursing home: \_\_\_\_\_ ☐ hospital: \_\_\_\_\_  
☐ other (address or name) \_\_\_\_\_

I am: Name (printed) \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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

- ☐ a family member (relationship) \_\_\_\_\_  
☐ a friend ☐ a doctor ☐ other: \_\_\_\_\_  
☐ staff of: \_\_\_\_\_ ☐ hospital ☐ nursing home ☐ governmental facility

I am submitting this information letter on behalf of: \_\_\_\_\_

☐ 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.

☐ YES ☐ NO The danger is imminent.

If "YES" to either statement above, 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: \_\_\_\_\_  
Date contacted: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_

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

This person:

- ☐ 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.  
☐ does not have supports or services to meet their needs listed above.

This 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:**

|   | Amount   |
|---|----------|
| Social Security (amount received per month)   | \$ _____ |
| Veterans Benefits (amount received per month) | \$ _____ |
| _____   | \$ _____ |
| _____   | \$ _____ |
| TOTAL   | \$ _____ |

Facilities/Hospitals: Has an application been made for Medicaid? ☐ YES ☐ NO

If not, why: \_\_\_\_\_

**LIST ALL IMMEDIATE FAMILY MEMBERS**, living or deceased. Attach additional sheets as needed.

Name: \_\_\_\_\_ ☐ Living ☐ Deceased Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_ ☐ YES ☐ NO Willing to serve as Guardian?  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

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

☐ Living      ☐ Deceased      Age: \_\_\_\_\_  
☐ YES      ☐ NO Willing to serve as Guardian?  
Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

☐ Living      ☐ Deceased      Age: \_\_\_\_\_  
☐ YES      ☐ NO Willing to serve as Guardian?  
Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

How did you learn about the court-initiated guardianship process? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Generally, Texas Courts will not appoint a Guardian if a "less restrictive alternative" is available. Please review the list of less restrictive alternatives that is available on the court's website:

<https://www.tarrantcounty.com/en/probate-courts/about-guardianship.html>

### **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 Signature