

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:**

Social Security (amount received per month)	Amount
_____	\$ _____
Veterans Benefits (amount received per month)	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
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**