

Cause No. _____

COURT INITIATED GUARDIANSHIP INFORMATION LETTER

Hays County Clerk's Office
712 South Stagecoach Trail, Suite 2008
San Marcos, Texas 78666

Today's Date: _____

Re: Suggestion of Need for 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 number(s): _____
Address: _____ City/State/Zip _____
Date of Birth: _____ Last 4 digits of SS #: _____

I am bringing this to your attention as:

- ☐ a friend
☐ a social worker in a: ☐ hospital ☐ nursing home ☐ governmental 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: _____

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:**

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 checked "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:

<input type="checkbox"/> is	<input type="checkbox"/> is not	a resident of Hays County.
<input type="checkbox"/> is	<input type="checkbox"/> is not	located in Hays County.
<input type="checkbox"/> has	<input type="checkbox"/> has not	executed a Durable/ General Power of Attorney to anyone.
<input type="checkbox"/> has	<input type="checkbox"/> has not	executed a Medical Power of Attorney to anyone.
<input type="checkbox"/> does	<input type="checkbox"/> does not	have a Guardian in Texas.
<input type="checkbox"/> does	<input type="checkbox"/> does not	have a Guardian in another state.

This person has the following property:

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

<u>MONTHLY INCOME DESCRIPTION:</u> (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 number(s): _____
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: _____
Relationship: _____
Address: _____

Phone number(s): _____
DOB (if known): _____
**If deceased date: _____

Name: _____
Relationship: _____
Address: _____

Phone number(s): _____
DOB (if known): _____
**If deceased date: _____

Spouse:

Name: _____

Relationship: _____

Address: _____

Phone number(s): _____

DOB: _____

Adult children:

Name: _____

Relationship: _____

Address: _____

Phone number(s): _____

DOB: _____

Adult siblings:

Name: _____

Relationship: _____

Address: _____

Phone number(s): _____

DOB: _____

Next of kin:

Name: _____

Relationship: _____

Address: _____

Phone number(s): _____

DOB: _____

Non-family members with relevant information about this person:

Name: _____

Relationship: _____

Address: _____

Phone number(s): _____

DOB: _____

Name: _____

Relationship: _____

Address: _____

Phone number(s): _____

DOB: _____

Name: _____

Relationship: _____

Address: _____

Phone number(s): _____

DOB: _____

Name: _____

Relationship: _____

Address: _____

Phone number(s): _____

DOB: _____

Is there an individual who is willing to be guardian for this person? ☐ yes ☐ no

If yes: Name: _____ Phone number(s): _____

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: _____

D.O.B.: _____

Address: _____

Phone number(s): _____