

Date: _____
Judge Chris Morales, Ft. Bend County Court at Law 1
Judge Jeff McMeans, Ft. Bend County Court at Law 2
Judge Susan Lowery, Ft. Bend County Court at Law 3
Judge R.H. "Sandy" Bielstein, Ft. Bend County Court at Law 4
Judge Ronald Cohen, Ft. Bend County Court at Law 5

MAILING ADDRESS 301 Jackson St. **Telephone:** 281-341-8665
Richmond, TX. 77469 **Fax:** 281-341-4520

**Re: Suggestion of Need for Guardian or Need for Investigation of Circumstances under §1102.001,
Texas Estates Code**

Dear Judges:

My name is: _____
(Print name)

I request the Court to investigate the need for a guardian for or the circumstances of the following person:

Name: _____ Phone: _____
Address: _____ Birthdate: _____
City: _____ Zip: _____
Race: _____ SSN _____
Drivers License #(if applicable) _____

I am bringing this matter to your attention as:

- a friend
- a family member (relationship) _____
NOTE: As a family member, you will need to sign this form in front of a Notary
- a social worker in a: hospital nursing home governmental facility
- a doctor
- other _____

This person is currently located in a:

- private residence (list full address) _____
- nursing home (name & address) _____
- hospital (name & address) _____
- Other _____

The person **IS** **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", explain:**

The property or assets of the person **ARE** **ARE NOT** in **imminent danger** of serious damage, loss or waste unless immediate action is taken. (check one) **If you checked "ARE", 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: _____ contact # _____ and date contacted _____

This person has the following **relatives**: (please circle the name(s) of those persons who might be willing to serve as guardian and include his/her Social Security Number. Attach additional sheets as needed)

Name: _____
Relationship: _____
Address: _____
Phone: _____

Name: _____
Relationship: _____
Address: _____
Phone: _____

Name: _____
Relationship: _____
Address: _____
Phone: _____

Name: _____
Relationship: _____
Address: _____
Phone: _____

Name: _____
Relationship: _____
Address: _____
Phone: _____

Name: _____
Relationship: _____
Address: _____
Phone: _____

These following persons are **non-family members** who might be willing to serve as guardian. (Include the Social Security. Attach additional sheets as needed.)

Name: Brazos Bend Guardianship Services
Relationship: _____
Address: PO Box 72
Rosenberg, TX. 77471
Phone: 281-232-7701

Name: _____
Relationship: _____
Address: _____
Phone: _____

To my knowledge, this person: is is not a resident of Fort Bend County.

is is not located in Fort Bend County.

has has not executed a Power of Attorney to anyone.

does does not have a Guardian in Texas.

If you believe this person has executed a Power of Attorney, to whom was it given?:

Name: _____
Address: _____
Phone: _____

Relationship: _____
Social Security Number: _____
Phone: _____

In my opinion, this person is: an adult individual who, because of a physical and/or mental condition, is substantially unable to: (check one or more, as applicable)

provide food, clothing, or shelter for himself or herself,

care for the individual's own physical health,

manage the individual's own financial affairs; **or**

This person: is a minor

The nature and degree of the person's incapacity or other facts that indicate that need for a guardian are as follows: _____

The person has the following property :

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

Description	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL

MONTHLY INCOME: (Show sources and amounts per month)

Description	Value
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL

MEDICAL INSURANCE: (List all forms of medical insurance: Medicaid, Medicare, Private Insurance, etc. and Policy #)

I hereby swear that this information is true and correct to the best of my knowledge.

Sincerely yours,

Printed Name: _____ Address _____
City _____ ST _____ Zip _____
Phone: _____

