

Court Initiated Guardianship Information Letter

Judge John C. Bullock

Constitutional County Court of Young County, Texas

516 Fourth Street, Room 108

Graham, Texas 76450

Telephone: 940/549-2030

Fax: 940/521-9482

E-mail: j.bullock@youngcounty.org

Today's Date: _____

Suggestion of Need for Guardianship

Dear Judge Bullock:

My name is: _____

I request the Court to investigate the need for guardian to be appointed for the following person:

Name: _____ Phone: _____

Address: _____ Birthdate: _____

City/State/Zip _____

I am bringing this to your attention as:

- a friend
- a family member (please indicate relationship) _____
- 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 the 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 the person’s incapacity? What facts indicate the need for a guardian?

In order to file for a guardianship application, we **MUST** have the following information. Please list **names, addresses and phone numbers** of all known relatives. Attach additional sheets as needed.

Parents:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

DOB: _____ DOB: _____

**If deceased date: _____ **If deceased date: _____

Spouse:

Name: _____

Relationship: _____

Address: _____

Phone: _____

DOB: _____

Adult children:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

DOB: _____ DOB: _____

Adult siblings:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

DOB: _____ DOB: _____

Next of kin:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

DOB: _____ DOB: _____

Non-family members with relevant information about this person:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

DOB: _____ DOB: _____

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

If yes: Name: _____ Phone: _____

Address: _____ Relationship: _____

<u>Monthly Income Description:</u> (Show sources and amounts per month)	VALUE

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

Signature: _____

Printed Name: _____

Address: _____

Phone: _____