

Date: _____

Judge Jay Knight, Liberty County Judge
Judge Thomas Chambers, Liberty County Court at Law No. 1
Judge Wes Hinch, Liberty County Court at Law No. 2
1923 Sam Houston St.
Liberty, TX 77575

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

Dear Judges:

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

Name: _____ Phone: _____
Address: _____ Birthdate: _____
_____ SSN: _____
Race: _____ Driver's License: _____

The primary reason I am requesting this investigation is (nature of incapacity):

This person is currently located in a: private residence nursing home hospital
 Other (Address or Name) _____

I am: Name (printed) _____
Address: _____
Daytime ph: _____ Pager _____
e-mail: _____

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

- a family member (relationship) _____
- a social worker in a: hospital nursing home governmental facility
- a friend a doctor

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. If "YES", explain:

YES NO The danger is imminent. If "YES", 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: _____
pager: _____
date contacted: _____

To my knowledge, this person:

- YES NO is a resident of Liberty County
- YES NO is located in Liberty 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: _____ Social Security Number: _____

Address: _____

- 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.

The 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: (Show sources and amounts per month)

Description	Value
Social Security (amount received per month)	_____
Veterans Benefits (amount received per month)	_____
_____	_____
_____	_____
TOTAL	_____

Family Members: All immediate family members, living or deceased, must be listed. Attach additional sheets as needed.

Name: _____ Living Deceased Age: _____
Relationship: _____ YES NO Willing to serve as Guardian?
Address: _____ If "YES," Social Security Number: _____
_____ Phone: _____

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Relationship: _____ YES NO Willing to serve as Guardian?
Address: _____ If "YES," Social Security Number: _____
_____ Phone: _____

Name: _____
Relationship: _____
Address: _____

Living Deceased Age: _____
 YES NO Willing to serve as Guardian?
If "YES," Social Security Number: _____
Phone: _____

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

Name: _____
Relationship: _____
Address: _____

Phone: _____
Social Security Number: _____

Name: _____
Relationship: _____
Address: _____

Phone: _____
Social Security Number: _____

Sincerely,

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 of _____, State of _____, on _____.

Declarant

Printed Name of Declarant