



PROBATE COURT / GUARDIANSHIP REFERRAL FORM

TEXAS ESTATES CODE SECTION 1102.003 INFORMATION LETTER
COURT'S INITIATION OF GUARDIANSHIP PROCEEDINGS

Date: _____

Person Allegedly Requiring A Guardian (Proposed Ward)

Name: _____

Date of Birth: _____ Social Security: XXX-XX _____ (last 4 digits only)

Address _____

Phone: _____ Fax: _____ Cell: _____

Type of Residence: Please check type, if facility, provide the name.

_____ Facility (Name: _____)

_____ Private Residence _____ Other

1. State why you believe the person requires a guardian. Please include a description of any incidences you have witnessed and dates on which they occurred. If necessary, please continue on back of this page or attach additional pages.

2. The nature and degree of the person's incapacity is as follows:

Please answer the following to the best of your knowledge by circling the appropriate response:

- 3. This person **does/does not** have a guardian in Texas.
- 4. This person **is/is not** a resident of Denton County.
- 5. This person **has/has not** executed a power of attorney. If yes, provide the following:

Name: _____

Relationship to Proposed Ward: _____

Address: _____

Phone: _____ Cell: _____

- 6. Please list all known family members of the proposed ward:

<i>Name/Address</i>	<i>Phone/Work/Cell</i>	<i>Relationship</i>

- 7. Please list all known friends, clergy, third parties affiliated with the proposed ward:

<i>Name/Address</i>	<i>Phone/Work/Cell</i>	<i>Relationship</i>

8. Describe any property of the person and provided its estimated value:

	<i>Assets</i>	<i>Value</i>
Real Property		
Bank Accounts		
Automobiles		
Stocks & Bonds		
Other		

9. Identify the source and amount of any monthly income:

<i>Source</i>	<i>Income</i>

10. Is this person in imminent danger of serious impairment to his/her physical health or safety unless immediate action is taken? **No/Yes** If yes, please explain:

11. Is this person in imminent danger of having his/her estate seriously damaged or dissipated unless immediate action is taken? **No/Yes** If yes, please explain:

12. Have you contacted the Texas Department of Family and Protective Services APS Division?

No/Yes If yes, please provide the following:

Name and number of case worker: _____

Date contact made: _____

Complaint number: _____

13. Please give any other information that you think may be relevant or helpful to the Court in its investigation of this matter. (This can include, and not limited to the names of physicians, financial managers and caregivers.)

REFERRAL SOURCE (Person completing and submitting this section 1102.003 Information Letter to the Court)

Name: _____

Title or relationship to the proposed ward: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

E-mail Address: _____

This information is true and correct to the best of my knowledge.

Signature

Date

**RETURN THIS FORM AND ANY RELATED DOCUMENTS TO:
Court Investigator
Denton County Probate Court
1450 E. McKinney
Denton, Texas 76209-4524
(940) 349-2148
FAX: (940) 349-2141**