

**COURT INITIATED GUARDIANSHIP INFORMATION LETTER**

Judge Tuck M. McLain  
Grimes County Court at Law  
P.O. Box 570  
Anderson, TX 77830

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 \_\_\_\_\_  
Birthdate: \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Spouse:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number(s): \_\_\_\_\_  
DOB: \_\_\_\_\_

**Adult children:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number(s): \_\_\_\_\_  
DOB: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number(s): \_\_\_\_\_  
DOB: \_\_\_\_\_

**Adult siblings:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number(s): \_\_\_\_\_  
DOB: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number(s): \_\_\_\_\_  
DOB: \_\_\_\_\_

**Next of kin:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number(s): \_\_\_\_\_  
DOB: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number(s): \_\_\_\_\_