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 apperson" throughout this form):	pointed for the following person (referred to as "this	
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	e governmental facility	
a doctorother (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 unless immediate action is taken. (check one) If you checked		
The property or assets of this person \(\sigma\) ARE or \(\sigma\) ARE NOT waste unless immediate action is taken. (check one) If you che		
7 1 • 1	r him/herself, cal health,	
What is the nature and degree of this person's incapacity? What	at facts indicate the need for a guardian?	

To my knowled	lae this person	•		
To my knowied	ige, this person. is	□ is not	a resident of Grimes County.	
	is is	is not is not	located in Grimes County.	
	□ has			
		has not	executed a Durable/ General Power of Attorney to a	nyone.
	has	has not	executed a Medical Power of Attorney to anyone.	
	does	does not	have a Guardian in Texas. have a Guardian in another state.	
	does	does not	nave a Guardian in another state.	
This person has	the following	property:		
			eal Property, Cash, Bank Accounts, Certificates of vestments, automobiles, other assets, etc.)	VALUE
Беро	sii, siocks, sec	urnes, oner my	vestments, automobiles, other assets, etc.)	
				_
MONT	III V INCOM	E DESCRIPTION	ON. (Chamasanas and amanata narranath)	VALUE
MONT	HLY INCOME	E DESCRIPTIO	ON: (Show sources and amounts per month)	VALUE
If you believe the	his person <u>has</u> e	executed a Powe	er of Attorney, to whom was it given?	
Name:			Phone number(s):	
Address:			Relationship:	
			•	
In order to file t	for a guardiansl	nip application,	we MUST have the following information. Please list	names, addresses
			own relatives. Attach additional sheets as needed.	<u> </u>
Parents:				
			Name:	
Address:			Address:	
Dhans 1 /				
DOB (if known			DOB (if known):	
**If deceased d	late:		**If deceased date:	

Spouse:	
Name:	
Relationship:	
Address:	
Phone number(s):	
DOB:	
Adult children:	
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number(s):	
DOB:	DOB:
Adult siblings:	
Name:	Name:
Relationship:	Relationship:
Address:	
Phone number(s):	
DOB:	DOB:
- · · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·
Next of kin:	
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number(s):	
DOB:	DOB:
NT 6	
Non-family members with relevant informations Name:	
Name:	Name:
Relationship:	
Address:	Address:
Phone number(s):	
DOB:	DOB:
Is there an individual who is willing to be gua	rdian for this person? \square ves \square no
	Phone number(s):
	Relationship:
	
I hereby swear under penalty of perjury that the	nis information is true and correct to the best of my knowledge.
	Signature:
	Printed Name:
	Address:
	Phone number(s):