	Littlefi et	nden, Hunt County Court at Law No. 1 eld, Hunt County Court at Law No. 2		
	Re:	Suggestion of Need for Guardian or under §1102.001, Texas Estates Cod		gation of Circumstances
Dear Judges:				
I hereb	-	est the Court to investigate the need for	a guardian for or t	he circumstances of the
Name:		1	Race:	
Address:]	Birthdate:	
			SSN:	
Phone:]	Driver's License:	
private red Other (Ad Name (printed Address: Daytime ph:	sidence dress o	tly located in a: e	Pager	
a family m	ember orker in	e person for whom the investigation is a (relationship) a: hospital nursing home go	vernmental facility	
☐ YES assets of this p	erson t	NO There is danger to the physical healt unless immediate action is taken. NO The danger is imminent. If "YE	If	"YES", explain:
pager:	S," the	NO I have contacted the Texas Departmename of the caseworker is:		date

I am:

Date:

is a resident of Tarrant County YES NO YES NO is located in Tarrant County YES NO has a Guardian in Texas. (Parents are the natural guardians of children under 18.) has executed a Power of Attorney. If "YES," to whom was it given? YES NO Phone: Name: Social Security Number: Relationship: 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.) Value Description **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: \square YES ☐ NO Willing to serve as Guardian? If "YES," Social Security Number: Address: Phone: ☐ Deceased Age: _____ Name: _____ □ Living Relationship: \square YES ☐ NO Willing to serve as Guardian? If "YES," Social Security Number: Address: Phone:

To my knowledge, this person:

Name:	Living Deceased Age:
Relationship:	
Address:	
	Dhonor
Non-family members who might be wi	lling to serve as guardian. Attach additional sheets as needed.
-	
Name:	Phone:
Relationship:	· · · · · · · · · · · · · · · · · · ·
Address:	
Name:	Phone:
Relationship:	Social Security Number:
Address:	
	Sincerely,
	DECLARATION
	and
(First)	(Middle) (Last)
(Street & Apt #)	
	(City) (State) (Zip Code) (Country)
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"I declare under penalty of perjury that t	the foregoing is true and correct to the best of my knowledge." Executed
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