

IN THE INTEREST OF _____
AN INCAPACITATED PERSON

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IN THE COUNTY COURT
AND COURT AT LAW # 2;
ECTOR COUNTY, TEXAS

APPLICATION FOR REQUEST FOR GUARDIANSHIP INVESTIGATION
(INFORMATION LETTER PURSUANT TO TEX. EST. CODE - 1102.003)

NOTE TO THE APPOINTED GUARDIAN AD LITEM: *Pursuant to Sec. 1102.001(b)(2), Texas Estates Code, at the initial meeting with the person believed to be incapacitated, you shall provide a copy of this Information Letter and a copy of the Order appointing you to investigate the circumstances of the person to the person, and discuss the contents of both documents with the person.*

I. Information Regarding Proposed Ward

Proposed Ward's Name: _____

Birth Date of Proposed Ward: _____

Proposed Ward's Address: _____

Proposed Ward's County of Residence: _____

Type of Residence (Private, Health Facility, etc.): _____

Relationship of Proposed Ward to Interested Person: _____

Income Sources and Amounts of Proposed Ward (if known): _____

Property of Proposed Ward and approximate value (if known): _____

Names and telephone numbers of known friends and relatives of Proposed Ward: _____

II. Information Regarding Interested Person

Interested Person's Name: _____

Interested Person's Address: _____

Interested Person's Phone Number: _____

Interested Person's E-mail Address: _____

III. Information Regarding Guardianship Need and Mental Health Matters

Describe the Nature and the Degree of the Alleged Incapacity: _____

Has the Proposed Ward ever had a Guardian appointed for them in this State? YES NO

Has the Proposed Ward ever previously executed a Power of Attorney? YES NO

IF 'YES': Name, Address and Phone Number of Designee: _____

Do you believe that the Proposed Ward is in imminent danger of serious impairment to the person's physical health, safety or estate?

YES

NO

"I declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge."

Interested Person's Signature

Date