

**Prospective Client (Person completing and submitting this Information Letter)**

Name: \_\_\_\_\_

Title or relationship to the proposed ward: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**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 and if you have obtained a certificate of medical examination. 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:

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

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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>

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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:

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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:

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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.)

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