



# Law Office of Angela Harvey

Law Office of Angela Harvey  
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Date: \_\_\_\_\_, 20\_\_\_\_.

**Re: Suggestion of Need for Guardian or Need for Investigation of Circumstances**

My name is: \_\_\_\_\_  
My address: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Social Sec#: \_\_\_\_\_  
(Print your name)

I request the Court to investigate the need for a guardian for or the circumstances of the following person:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Birth date: \_\_\_\_\_  
County: \_\_\_\_\_ SSN: \_\_\_\_\_  
Driver's License (if any): \_\_\_\_\_

I am bringing this matter to your attention as:

- a friend
- a family member (relationship) \_\_\_\_\_
- a social worker in a: hospital nursing home governmental facility
- a doctor

This person is currently located in a \_\_\_\_\_ (Address or Name)  
 private residence \_\_\_\_\_  
 nursing home \_\_\_\_\_  
 hospital \_\_\_\_\_  
 Other \_\_\_\_\_

The person **IS**  **IS NOT**  **in imminent danger** of serious impairment to his or her physical health or safety unless immediate action is taken. **If you checked "IS", explain:**

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

The property or assets of the person **ARE**  **ARE NOT**  **in imminent danger** of serious damage, loss or waste unless immediate action is taken. **If you checked "ARE", explain:**

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

**Necessity: Describe in detail behaviors, conditions, and barriers to care and services you are experiencing that necessitate the appointment of a Guardian:**

his person has the following RELATIVES: (please circle the name(s) of those persons who might be willing to serve as guardian and include his/her Social Security. Attach additional sheets as needed). LIST ALL ADULT CHILDREND AND/OR SIBLINGS AND LIVING PARENTS.

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

To my knowledge, this person:

Is   
Has   
Does

is not   
has not   
doesn't

located in Tarrant County  
executed a Power of Attorney  
have a Guardian in Texas

If you believe this person HAS executed a Power of Attorney, to whom was it given?

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

In my opinion this person is: an adult individual who, because of a  physical or  mental condition, is substantially **unable to:** (check one or more, as applicable)

- provide food, clothing, or shelter for himself or herself
- care for the individual's own physical health,
- manage the individual's own financial affairs; OR

This person is:  is a minor.

The nature and degree of the person's incapacity of other fact that indicate that need for a guardian are as follows: \_\_\_\_\_

The person has the following property:

**PROPERTY:** (including Real Property, Cash, Bank Accounts, Certificates of Deposit, Stocks, Securities, other investments, automobiles, etc.)

| Description | Value |
|-------------|-------|
| _____       | _____ |
| _____       | _____ |

**MONTHLY INCOME:** (Show sources such as SSI etc and amounts per month):

| Description  | Value |
|--------------|-------|
| _____        | _____ |
| _____        | _____ |
| <b>TOTAL</b> | _____ |

Less Restrictive Alternative: Please list any less restrictive alternatives to guardianship that are currently being used or have been attempted in the past.

Supported Decision Maker:  Currently using or  used in the past?

Results/Problems: \_\_\_\_\_

Healthcare Power of Attorney:  Currently using or  used in the past?

Results/Problems: \_\_\_\_\_

Statutory Durable Power of Attorney (financial):  Currently using or  used in the past?

Results/Problems: \_\_\_\_\_

HIPAA Authorization:  Currently using or  used in the past?

Results/Problems: \_\_\_\_\_

Representative Payee for SSI:  Currently using or  used in the past?

Name of Representative: \_\_\_\_\_ Are funds deposited into a separate account? \_\_\_\_\_

Results/Problems: \_\_\_\_\_

Mental Health Warrant / Commitment:  Currently using or  used in the past?

Results/Problems: \_\_\_\_\_

I hereby declare that this information is true and correct to the best of my knowledge:

Signature: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Texas law requires that Guardianship be sought only as a last resort and that alternatives to guardianship must be considered before guardianship is sought. List below all barriers to the care of your family member you have encountered because you did not have guardianship:

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Texas law prohibits any person convicted of a felony or a crime involving violence from serving as a Guardian. Please list below all arrests if any, and the disposition (jail, probation)

| Date: | Charge: | Disposition: |
|-------|---------|--------------|
|       |         |              |
|       |         |              |
|       |         |              |
|       |         |              |
|       |         |              |
|       |         |              |

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Please email or fax the completed form to the fax or email below. The attorney will then contact you to review if necessary.

Thank you for selecting our office to help you in this matter. We look forward to working with you.

Thank you,



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