

**CURTIS PARRISH**  
COUNTY JUDGE



**ANGELA GSCHWEND**  
COURT COORDINATOR

**OFFICE OF THE COUNTY JUDGE**  
904 BROADWAY, ROOM 101  
PO BOX 10536  
LUBBOCK, TEXAS 79408  
PHONE 806.775.1679  
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**PROBATE COURT / GUARDIANSHIP REFERRAL FORM**  
**TEXAS ESTATES CODE SECTION 1102.003 INFORMATION LETTER**  
**COURTS INITIATION OF GUARDIANSHIP PROCEEDINGS**

Date: \_\_\_\_\_

**Person Allegedly Requiring a Guardian (Proposed Ward)**

Proposed Ward's Name (& AKA): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security: XXX-XX-\_\_\_\_\_ (last 4 digits only)

Current address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Previous address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Type of Residence: **Please check type. If facility, provide the name and address.**

\_\_\_\_\_ Facility (Name: \_\_\_\_\_)

\_\_\_\_\_ Private Residence \_\_\_\_\_ Other (please explain) \_\_\_\_\_

1. State why you believe the person requires a guardian. Please include a detailed description of any incidences you have witnessed and dates on which they occurred. If necessary, please continue on back on this page or attach additional pages.

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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 Lubbock County.  
5. This person **has/has not** executed a power of attorney (POA). If yes, provide the following:

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

Relationship to Proposed Ward: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

6. Please list all known family members of the proposed ward:

<i><b>Name/Address</b></i>	<i><b>Phone/Work/Cell</b></i>	<i><b>Relationship</b></i>

7. Please list known friends, clergy, third parties affiliated with the proposed ward:

<i><b>Name/Address</b></i>	<i><b>Phone/Work/Cell</b></i>	<i><b>Relationship</b></i>

8. Describe any property of the person and provide its estimated value:

	<b><i>Assets</i></b>	<b><i>Value</i></b>
Real Property		
Bank Account(s)		
Automobiles		
Stocks & Bonds		
Other		

9. Identify the source and amount of any monthly income:

<b><i>Source</i></b>	<b><i>Income</i></b>

10. Is this person in imminent danger of serious impairment to his/her physical health or safety unless immediate action is taken? **No/Yes** (*Circle one*) If yes, please describe in details:

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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** (*Circle one*) If yes, please explain:

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12. Have you contacted law enforcement? **No/Yes** (*Circle one*) If yes, when was the last time and what was the outcome?

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13. Have you contacted the Texas Department of Family and Protective Services (APS) Division?  
**No/Yes** (*Circle one*) If yes, provide the following:

Name and number of case worker: \_\_\_\_\_

Date contact made: \_\_\_\_\_ Complaint number: \_\_\_\_\_

14. 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).

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

**REFERRAL SOURCE** (Person completing and submitting this Information Letter to the Court, pursuant to the Texas Estates Code section 1102.003)

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

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

This information is true and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**RETURN THIS FORM AND ANY RELATED DOCUMENTS TO:  
LUBBOCK COUNTY COURT  
PO BOX 10548  
LUBBOCK, TX 79408**