

**BASTROP COUNTY COURT
GENERAL GUARDIANSHIP INFORMATION FORM**

Judge Paul Pape
Bastrop County Court
804 Pecan
Bastrop, TX 78602

Today's Date: _____

Re: Possible Need for Guardianship

My name is: _____

I request the Court consider the need for a guardian to be appointed for the following person
(referred to as "potential Ward" throughout this form):

Name: _____ Phone number(s): _____

Address: _____ City/State/Zip _____

Birthdate: _____ SS # _____ - _____ - _____

I am bringing this to your attention as:

____ a friend; ____ a family member (please indicate relationship) _____

____ a social worker in a: hospital nursing home governmental facility

____ a medical doctor

____ other (please indicate relationship) _____

Potential Ward is currently lives in a:

private residence, address: _____

health care facility or other residence:

facility name: _____

address: _____

Potential Ward IS or IS NOT in **IMMINENT DANGER** of serious impairment to his or her physical health or safety unless immediate action is taken (check one).

If you checked "IS" please explain:

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The property and assets of potential Ward **ARE** or **ARE NOT** in **IMMINENT DANGER** of serious damage, loss or waste unless immediate action is taken (*check one*).

If you checked "ARE" please explain:

To be best of my knowledge, potential Ward is: **a minor** **an adult** individual,

who because of a: **mental condition** **physical condition** is substantially unable to:
(*check all that apply*)

- provide food, clothing or shelter for him/her self,
- care for his/her own physical health,
- manage his/her own financial affairs.

What is the nature and degree of potential Ward's incapacity? What facts indicate the need for a guardian?

Potential Ward has the following property:

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

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MONTHLY INCOME DESCRIPTION: (Show sources and amounts per month)

VALUE

To my knowledge, potential Ward (*check all that apply*):

is is not a resident of Bastrop County.

is is not located in Bastrop County.

does does not have a Guardian in Texas.

does does not have a Guardian in another state.

has has not executed a Durable/ General Power of Attorney to anyone.

has has not executed a Medical Power of Attorney to anyone.

If you believe potential Ward has executed a Power of Attorney, to whom was it given?

Name: _____ Phone number(s): _____

Address: _____ Relationship: _____

In order to file for a guardianship application, we **MUST** have the following information. Please list **names, addresses and phone numbers** of all of potential Ward's known relatives.

Attach additional sheets as needed.

Father:

Name: _____

Address: _____

Mother:

Name: _____

Address: _____

Phone number(s): _____ Phone number(s): _____

DOB (if known): _____ DOB (if known): _____

**If deceased, date: _____ **If deceased, date: _____

Spouse:

Name: _____

Relationship: _____

Address: _____

Phone number(s): _____

DOB: _____

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Adult Children:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Phone number(s): _____	Phone number(s): _____
DOB: _____	DOB: _____

Adult Siblings:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Phone number(s): _____	Phone number(s): _____
DOB: _____	DOB: _____

Other Next of Kin:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Phone number(s): _____	Phone number(s): _____
DOB: _____	DOB: _____

Non-family members with relevant information about potential Ward:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Phone number(s): _____	Phone number(s): _____
DOB: _____	DOB: _____

Is there an individual who is willing to be guardian for potential Ward? yes no

If yes: Name: _____ Phone number(s): _____
Address: _____ Relationship: _____

I hereby swear (or solemnly promise) under penalty of perjury that this information is true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Address: _____

Phone number(s): _____