

**El Paso County Statutory Probate Court No. 1
500 East San Antonio, 8th Floor, Rm. 803
El Paso, Texas 79901
(915) 546-2161
Fax (915) 875-8527**

GUARDIANSHIP REFERRAL

Date of Referral: _____

Attn: Probate Court Investigator

I request an investigation into the need for guardianship on the following individual:

Name: _____

Address: _____

Phone No.: _____

Social Security No.: _____

Date of Birth: _____

This person has the following relatives (indicate by asterisk (*) person/s who have expressed a willingness to serve as a surrogate decision-maker or to be appointed as a legal guardian.

Spouse (please list name even if deceased): _____

Address and Phone No.: _____

Children:

1. _____ Address/Phone No.: _____

2. _____ Address/Phone No.: _____

3. _____ Address/Phone No.: _____

4. _____ Address/Phone No.: _____

5. _____ Address/Phone No.: _____

Siblings:

1. _____ Address/Phone No.: _____

2. _____ Address/Phone No.: _____

3. _____ Address/Phone No.: _____

Next of Kin:

1. _____ Address/Phone No.: _____
2. _____ Address/Phone No.: _____
3. _____ Address/Phone No.: _____

Friends/Neighbors:

1. _____ Address/Phone No.: _____
2. _____ Address/Phone No.: _____
3. _____ Address/Phone No.: _____

The person _____ **does** _____ **does not** have a guardian in the State of Texas.

The person _____ **has** _____ **has not** executed a Durable Power of Attorney.

The person _____ **has** _____ **has not** executed a Living Will.

The person _____ **has** _____ **has not** executed a DNR.

The person _____ **is** _____ **is not** a resident of El Paso County. If not, the person is a resident of _____.

If the person **has** executed a **Power of Attorney** please provide the following information:

Name of agent: _____
Address: _____
Phone No.: _____

The nature and degree of the person's incapacity is as follows: (Copy of Physician's Certificate of Medical Examination is attached).

I am aware of the following facts that indicate that the person needs a guardian:

The person has the following assets and income:

Home located at: _____

Approximate Value: \$ _____

Bank Accounts: (Please list name of Banking Institution and balance on account/s)

_____ \$ _____
_____ \$ _____
_____ \$ _____

Stocks/Bonds:

_____ \$ _____
_____ \$ _____

Other Assets:

_____ \$ _____
_____ \$ _____

Monthly Income and Sources: (i.e., Social Security/SSI/Retirement/V.A.)

_____ \$ _____
_____ \$ _____
_____ \$ _____

The person _____ **is** _____ **is not** involved with other community agencies (i.e., Adult Protective Services, Mental Health Authority, Hospice, etc.)

Please List Agencies and Contact Person:

1. _____
2. _____
3. _____
4. _____

I _____ **have** _____ **have not** made attempts to contact family members and the results are as follows:

I _____ **do believe** _____ **do not believe** that the person is in imminent danger, has a serious impairment, and that there is a possibility that his/her estate will be subject to damage or dissipation unless immediate action is taken (please provide an explanation below):

This information is true and correct to the best of my knowledge; I am aware that this information might be included in the Application for Guardianship filed with the Probate Court.

Date: _____, _____.

(Please print your name)

(Signature)

Address: _____

Phone No.: _____

IN THE STATUTORY PROBATE COURT NO. 1
OF EL PASO COUNTY, TEXAS

IN THE MATTER OF:

§
§
§
§
§
§
§

_____,
An Alleged Incapacitated person

AFFIDAVIT OF DILIGENT SEARCH

THE STATE OF TEXAS)
)
COUNTY OF EL PASO)

BEFORE ME, the undersigned Notary Public, on this day personally appeared _____, known to be a credible person, competent in all respects to make this affidavit, who being first duly sworn by me, did state the following under oath:

I, _____, attest that all efforts to locate relatives and other interested parties have been exhausted and the following individuals were contacted on behalf of the Alleged Incapacitated Person on _____, _____.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Affiant

SWORN TO AND SUBSCRIBED BEFORE ME on this the _____ day of _____, _____ to certify which witness my hand and seal of office.

NOTARY PUBLIC
In and For the State of Texas