

**GUARDIANSHIP CHECKLIST FOR ATTORNEYS FILING APPLICATIONS FOR
GUARDIANSHIPS IN CAMERON COUNTY**

IN THE MATTER OF THE GUARDIANSHIP OF:

- ___ Application is sworn to by applicant (with an effective jurat) (§1101.001(b))
- ___ Attorney's email address is included on the application (TRCP RULE 21(f)(2))

IN ALL CASES:

- ___ Physician's Certificate filed – must be signed by the physician and based on an exam performed within 120 days of filing the application.
- ___ Proposed ward's full name, sex, date of birth, and address. (§1101.001(b)(1))
- ___ Name, address and relationship of proposed guardian to proposed ward. (§1101.001(b)(2))
- ___ Mention of whether guardianship of the person or estate, or both is sought. (§1101.001(b)(3))
- ___ Nature and degree of the alleged incapacity. (§1101.001(b)(4))
- ___ Whether alternatives to guardianship and available supports and services were considered and are feasible and would avoid the need for guardianship (§1101.001(b)(3-a) - (§1101.001(3-b))
- ___ Specific areas of protection and assistance requested.(§1101.001(b)(4))
- ___ Listing of the limitation or termination of proposed ward's rights requested (these must be included in the court's order of appointment) and must include, if appropriate, the right of proposed ward to vote in a public election and the proposed ward's eligibility to hold or obtain a license to operate a motor vehicle; other rights might include right to marry, make gifts etc. (§1101.001(b)(4))
- ___ The nature and description of any guardianship of any kind existing for the proposed ward in this or any other state. (§1101.001(b)(7)) *If none please indicate*
- ___ The name and address of any person or institution having the care and custody of the proposed ward
- ___ Facts requiring that a guardian be appointed. (§1101.001(b)(5))
- ___ The approx. value and description of the proposed ward's property, **including any compensation, pension, insurance, or allowance (such as SSI) to which the proposed ward may be entitled** (§1101.001(b)(9))
- ___ The name and address of any person whom the applicant knows to hold a power of attorney signed by the proposed ward and a description of the type of power of attorney (or **state that no one holds a power of attorney**) (§1101.001(b)(10))
- ___ Facts showing that the court has venue over the proceeding (§1101.001(b)(14))

IF THE PROPOSED WARD IS AN ADULT, APPLICATION STATES:

- ___ If known by the applicant, the **name of the proposed ward's SPOUSE, if any, and state the spouse's address or that the spouse is deceased.** (§1101.001(b)(13)(A)) If proposed ward is not married or if any information is not known, indicate.
- ___ If known by the applicant, the **name OF EACH PARENT of the proposed ward and state the parent's address or that the parent is deceased.** (§1101.001(b)(13)(B)) If any information is not known, indicate.

___ If known by the applicant, **state EACH SIBLINGS address or that the sibling is deceased**, (§1101.001(b)(13)(C)) If proposed ward has none or if any information is not known, indicate.

___ If known by the applicant, the name and AGE of each of the proposed ward's **CHILDREN**, if any, and state each child's address or that the child is deceased. If any information is not known, indicate. (§1101.001(b)(13)(D))

___ If the proposed ward's spouse, parents, siblings and children are deceased, or if there is no spouse, parent, adult sibling or adult child, the names and addresses of The proposed ward's other living relatives who are related to the proposed ward within the third degree by consanguinity and who are adults. (§1101.001(b)(13)(E))

IF THE PROPOSED WARD IS A MINOR, APPLICATION STATES:

___ Whether the minor was the subject of a legal or conservatorship proceeding within the preceding 2-year period including the court involved, nature of the proceeding and final disposition (§1101.001(b)(12))

___ (1) name of each parent of the proposed ward and (2a) each parent's address or (2b) that the parent is deceased, if known by applicant. (§1101.001(b)(11)(A)) If any information is not known, indicate.

___ (1) name **and age** of each sibling, if any, of proposed ward and (2a) each sibling's address or (2b) that the sibling is deceased, if known by applicant, (§1101.001(b)(11)(B)) If any information is not known, indicate.

___ If each of the proposed ward's parents and adult siblings are deceased, the names and addresses of the proposed ward's other adult living relatives who are related to the proposed ward within the third degree by consanguinity. (§1101.001(b)(11)(C))

___ **If there is an estate with minimal value and the Proposed Ward will be receiving SSI, no guardianship of the estate is required. Applicant can apply to be representative payee with the Social Security Office.**

- APPLICATION COMPLETE
- DEPOSIT AD-LITEM FEES IN REGISTRY OF COURT
- PERSONAL SERVICE BY A PEACE OFFICER ON WARD (§1051.103)
- AFFIDAVIT OF NOTICE (SERVICE) (§1051.106)
- **POSTING TEN DAYS BEFORE HEARING** 1051.102, 1051.103 AND 1051.104(a)(1)

● **You are responsible for making sure that the proposed guardian has done all of the following:**

1. **REGISTER online with the Judicial Branch Certification Commission (JBCC)**
at <https://jbcctexas.txcourts.gov>.

After the applicant registers, the JBCC will conduct a background check which must be received by the court for ten days before the hearing.

2. Complete the required guardianship training through the JBCC, print the guardian training certificate of completion, and file the certificate with the Court. (Not required if the proposed guardian is an attorney, certified guardian, or corporate fiduciary.)

- **POSTING TEN DAYS BEFORE HEARING** (§1051.106 1051.102)

NOTICE §1051.104

The person filing an application for guardianship shall mail a copy of the application and a notice containing the information required in the citation issued under Section 1051.102 by registered or certified mail, return receipt requested, or by any other form of mail that provides proof of delivery, to the following persons, if their whereabouts are known or can be reasonably ascertained:

- | | |
|-------------------------|--------------------------|
| ADULT CHILDREN | <input type="checkbox"/> |
| ADULT SIBLINGS | <input type="checkbox"/> |
| FACILITY ADMINISTRATOR | <input type="checkbox"/> |
| AGENT/ ATTORNEY IN FACT | <input type="checkbox"/> |

SERVICE BY OFFICER OR WAIVERS FOR UNCONTESTED APPLICATION §1051.103

- | | |
|------------------------|--------------------------|
| MOTHER | <input type="checkbox"/> |
| FATHER | <input type="checkbox"/> |
| CONSERVATOR | <input type="checkbox"/> |
| SPOUSE | <input type="checkbox"/> |
| NON-APPLICANT GUARDIAN | <input type="checkbox"/> |