

GUARDIANSHIPS

Please ensure that all the following documents, appropriate for your case, are on file before you contact the court for a hearing date. **We cannot offer a hearing date until the Court Investigator's Report is on file.**

If a background check is not on file at least three days before your hearing date, the court will drop your setting.

Guardianship Hearing Checklist, Cause No. _____

Pursuant to TRCP 21, attorneys must electronically file everything they are **filing**, which includes **everything** on the checklist below that is applicable in this case.

	YES	NO	
APPLICATION COMPLETE (See checklist).....	<input type="checkbox"/>	<input type="checkbox"/>	NOTES

PERSONAL SERVICE ON WARD	<input type="checkbox"/>	<input type="checkbox"/>	

APP ATTORNEY 4 HR. CERTIFIED

	YES	NO	N/A	
<u>§ 1051.103</u> (waivers for uncontested docket)				NOTES
mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

conservator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

non-applicant guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	N/A	
<u>§ 1051.104</u> (notice)				NOTES
adult children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

adult sibling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

facility administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

agent / attorney-in-fact.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Verified Affidavit Confirming Notice and Service

PHYSICIAN’S CERTIFICATE OF MEDICAL EXAMINATION (PCME) (Applications must use the **September 2015** revision of the form or subsequent revisions.) OR DETERMINATION OF INTELLECTUAL DISABILITY REPORT (DID)

	YES	NO	N/A	NOTES
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<hr/>				
	YES	NO	N/A	NOTES
AD LITEM ANSWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<hr/>				
AD LITEM REPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<hr/>				
RESIDENT AGENT FORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<hr/>				
REGISTRATION INFO SUBMITTED.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<hr/>				
CRIMINAL BACKGROUND CHECK.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<hr/>				
GUARDIANSHIP TRAINING CERTIFICATE OF COMPLETION.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<hr/>				
COURT INVESTIGATOR REPORT FILED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I, _____ confirm that all required documents for the hearing in Cause No. _____, Guardianship of _____ are correct and have been e-filed and accepted by the Bexar County Probate Clerk’s office.

Signed: _____ Date: _____

TO RECEIVE LETTERS OF GUARDIANSHIP:

After your Guardianship hearing, please contact the Bexar County Probate Clerk's Office to request Letters of Guardianship. You must e-file a notarized Oath, a Bond (must be approved by the judge) and the following forms that may be located on the Bexar County Probate Court No. 1 webpage:

- General Information Sheet (this form must be notarized)
- Court Instructions (Please select and e-file the appropriate Court Instructions for your case, Person Only, Estate Only or Person and Estate)
- Firearm Report (Please e-mail this form to the Clerk of the Court, Jennifer Naranjo at jennifer.naranjo@bexar.org) **DO NOT E-FILE THIS REPORT**