CAUSE NO. _____

IN THE GUARDIANSHIP OF	**§**	**IN THE COUNTY COURT**
	§	
_____.	**§**	**AT LAW NO. _____ OF**
	§	
AN INCAPACITATED PERSON	**§**	**BRAZOS COUNTY, TEXAS**

AFFIDAVIT OF CONTACTS PURSUANT TO SECTION 1104.402(a) OF THE TEXAS ESTATES CODE

TO THE HONORABLE JUDGE OF SAID COURT:

I, _____, attorney for _____, Applicant in the above-entitled Cause, do hereby certify that the information pursuant to Section 1104.402(a) of the Texas Estates Code regarding the Court Clerk's duty to obtain criminal history record information relating to any person proposed to serve as a guardian, including a proposed temporary guardian, a proposed successor guardian or any person who will have contact with the proposed ward or the proposed ward's estate on behalf of the proposed guardian, other than an attorney or a person who is a certified guardian, is as follows:

1.) Name of person:
Relationship to proposed ward:
Address:
Phone number:
Email:
Date of Birth:

2.) Name of person:
Relationship to proposed ward:
Address:
Phone number:
Email:
Date of Birth:

Respectfully submitted:

By: _____
Name of attorney:
State Bar No.:
Email:
Address:
Phone number:
Attorney for:

AFFIDAVIT

STATE OF TEXAS §
§
COUNTY OF BRAZOS §

BEFORE ME, the undersigned authority on this day personally appeared _____, known to me to be the attorney for _____ and after being duly sworn by me, stated that all statements and facts described therein are true, correct and complete in every respect.

SIGNED on _____.

_____
Signature of attorney:
Attorney for:

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

_____
Signature of Notary Public