



Dallas County Probate Court Investigators' Office
George L. Allen, Sr., Courts Building
600 Commerce Street, 9th Floor
Dallas, Texas 75202

Hello Counselor:

You have filed a guardianship matter with the Dallas County Probate Clerks. You are required by statute to 1) provide the Probate Court Investigators' Office with certain information (see attached Cover Sheet) and 2) arrange for background checks for your proposed guardian/s. All of the following must be done *prior to* a Probate Court Investigator being appointed, so act in a timely fashion. We cannot do our investigation until after we receive the results of the background check and APS/CPS records.

Before a Court Investigator can be appointed to investigate your matter, a Criminal background report and CPS/APS background reports must be received by the Court Investigator's Office. In order for the CPS/APS records to be requested, you must provide the information requested in the attached Cover Sheet. Please return the completed Cover Sheet to the Probate Court Investigators' Office as soon as possible.

- ❖ **Criminal Background Checks and Cover Sheets are not to be filed with the Probate Clerks and must be emailed to CIAdmin@dallascounty.org.**

BACKGROUND CHECKS ARE REQUIRED IN ALL APPLICATIONS FOR GUARDIANSHIP, INCLUDING TEMPORARY AND PERMANENT GUARDIANSHIPS, AS WELL AS SUCCESSOR GUARDIANSHIPS. THIS APPLIES REGARDLESS OF WHETHER YOU ARE SEEKING APPOINTMENT OF A GUARDIAN OF THE PERSON OR GUARDIAN OF THE ESTATE:

>The Courts will not grant a guardianship without the proper background clearances.<

INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS:

For Estates valued at over \$50,000 or out of state Applicants:

Applicants must follow the link below to complete the fingerprint process and use the following service code to be fingerprinted by Identogo:

<https://uenroll.identogo.com/workflows/111VVQ> Service Code: 111VVQ

- ❖ **Criminal Background Reports based on the Fingerprints are returned to the Applicant. Please forward the results of the Background Report to CIAdmin@dallascounty.org once received.**

If you have any questions or concerns, please reach out to the following:

- FBI Identity History Check and Fingerprint Program Call Center: (877) 783 – 4187
- Texas Department of Public Safety’s Fingerprinting Services Unit: (512) 424 – 2474
- **All Applicants must also 1) register with JBCC and 2) complete the guardianship training module offered online, which can be accessed through the following:**

<https://www.txcourts.gov/jbcc/register-a-guardianship/how-to-register/>

For Estates valued under \$50,000.00:

Applicants must register with JBCC. Registering with JBCC is independent of completing the guardianship training module online and printing the completion certificate – *these are two separate requirements*. Applicants must also undergo a background check through the JBCC. **The background checks can take up to eight weeks to come back to our office from JBCC, so plan accordingly.**

Use the following two links to register the guardianship, complete the training module, and arrange for a background check through JBCC:

<https://www.txcourts.gov/jbcc/register-a-guardianship/how-to-register/>

<https://www.txcourts.gov/jbcc/register-a-guardianship/criminal-history-information/>

JBCC GUARDIANSHIP TRAINING IS NOW AVAILABLE IN SPANISH.

Finally, you must pay the \$600 Ad Litem Fee to the County Clerk’s Office.

*****If you have applied for a temporary guardianship, time is of the essence, and you should consider doing the background check through Identogo, regardless of the value of the estate.*****

Thank you,

Probate Court Investigators’ Office
CIAdmin@dallascounty.org



DALLAS COUNTY GUARDIANSHIP CASE INFORMATION FILING COVER SHEET
(Required on ALL guardianship cases)

Cause No.: _____ **Guardianship of (Proposed Ward):** _____

NOTICE REGARDING GUARDIANSHIP CASES: On June 19, 2009, Governor Rick Perry signed into law H.B. 3352 relating to the collection, dissemination, and correction of certain judicial determinations for a federal firearm background check. The law, which became effective September 1, 2009, has had a significant impact on probate clerks. The ongoing reporting requirements are outlined in Government Code Section 411.0521, Report to Department Concerning Certain Person's Access to Firearms. In order for the clerk to be in compliance with the Presiding State Statutory Probate Judge's Administrative Order 2009-2 and H.B. 3352 and to assist the Court Investigator's Office with the timely completion of Court Investigator Reports to the Courts, the following information is required. ALL information provided will be secured in the Court Investigator's internal file or destroyed after reporting. Thank you for your cooperation. **PLEASE PRINT CLEARLY.**

<p>PROPOSED WARD'S GENERAL INFORMATION</p> <p>Full name of Proposed Ward: _____ AKA: _____</p> <p>Race: _____ Gender: _____</p> <p>Date of Birth _____</p> <p>Identifying Numbers:</p> <p>() Social Security Number: _____</p> <p>() Driver's License Number with State: _____</p> <p>() State Identification Number with State: _____</p>	<p>APPLICANT #1 INFORMATION: Non-family member? Y () N ()</p> <p>Name: _____ AKA: _____</p> <p>Address: _____ _____</p> <p>Date of Birth: _____</p> <p>Social Security Number: _____</p> <p>Telephone Numbers:</p> <p>Home: _____</p> <p>Work: _____ Cell: _____</p> <p>E-mail Address: _____</p>
<p>Does the Proposed Ward Receive Medicaid: Yes () No ()</p> <p>Does the Proposed Ward receive income from any sources other than SSI? Yes () No ()</p> <p>If YES, please list all sources and the monthly income amounts:</p> <p>Source: _____ Monthly \$ _____</p> <p>Source: _____ Monthly \$ _____</p> <p align="center">REQUIRED: Is the Estate of the Proposed Ward valued over \$50,000: Yes () No ()</p>	<p>APPLICANT #2 INFORMATION: Non-family member? Y () N ()</p> <p>Name: _____ AKA: _____</p> <p>Address: _____ _____</p> <p>Date of Birth: _____</p> <p>Social Security Number: _____</p> <p>Telephone Numbers:</p> <p>Home: _____</p> <p>Work: _____ Cell: _____</p> <p>E-mail Address: _____</p>
<p>INFORMATION ON THE PERSON/ATTORNEY COMPLETING THIS FORM:</p> <p>Name: _____</p> <p>State Bar No.: _____</p> <p>Address: _____ _____</p> <p>Telephone Number: _____</p> <p>Fax Number: _____</p> <p>E-mail Address: _____</p> <p>Date Completed: _____</p>	<p>MEDICAID:</p> <p>Who is the Proposed Ward's Representative Payee?</p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>Primary Telephone Number: _____</p>