Travis County Probate Court No. 1 & 2

GUARDIANSHIP GENERAL INFORMATION FORM

This form is to be filled out by the Guardian. Please print and fill out both pages of the form. The first page has information about you; the second page has information about your Ward. This form will not be placed in the Clerk's Records. It will be kept in a confidential Court file.

You must notify the Court – in writing – of any change in your address or your ward's address.

Date: _____ Cause No. C-1-PB-_____ - _____

Name of Ward: _____

Type of Case: Guardianship ☐ Minor ☐ Other _____

Guardian's Information

Name: _____ _____ _____ _____
(Last) (First) (Middle) (Maiden)

Your relationship to the Ward: _____

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____ _____ _____
(Home) (Work) (Cell or other)

Email: _____

Employer: _____ Occupation: _____

Business Address: _____
(Street address) (City) (State) (Zip)

Drivers Lic. or State ID # _____ State_____ SSN# _____-_____-_____

Date of birth: _____ Place of birth: _____

Current Spouse or Co-Guardian:

Name: _____ _____ _____ _____
(Last) (First) (Middle) (Maiden)

Your relationship to the Ward: _____

Your address: _____
(Street address) (City) (State) (Zip)

Phone numbers: _____ _____ _____
(Home) (Work) (Cell or other)

Email: _____

Employer: _____ Occupation: _____

Business Address: _____
(Street address) (City) (State) (Zip)

Drivers Lic. or State ID # _____ State_____ SSN# _____-_____-_____

Date of birth: _____ Place of birth: _____

Contact information for two relatives or friends who will always know how to contact you:

(1) Name: _____ Phone numbers: _____

Address: _____
(Street address) (City) (State) (Zip)

Email: _____

(2) Name: _____ Phone numbers: _____

Address: _____
(Street address) (City) (State) (Zip)

Email: _____

★ **WARD'S INFORMATION** (all information in this box is for the Ward)

Name: _____ _____ _____
(Last) (First) (Middle)

Social Security # _____-_____-_____

Drivers license or State ID # (if any) _____ State: _____ Expiration Date: _____

Sex: Male☐ Female☐

Ethnicity: African-American☐ Caucasian☐ Hispanic☐ Asian/Pacific☐
Other_____

Ward's date of birth: _____ Current age: _____

Ward's marital status:
Married☐ Single (never married)☐ Widow/widower☐ Separated☐ Divorced☐

Current address: _____
(Street Address)

_____
(City) (State) (Zip)

Phone number: _____

_____ _____
Printed name of Guardian Guardian's signature

_____ _____
Printed name of Co-Guardian (if any) Co-Guardian's signature (if any)