



Guardianship Information Form

v. 4.18.12

Date: _____ Cause No. _____ Guardian of ☐ Estate ☐ Person ☐ Both

Name of Ward: _____ Age _____ ☐ Minor ☐ Adult

Part 1: Guardian's Information

Last _____ First _____ Middle _____ Maiden _____

Address: _____ PO Box or Apt # _____

City: _____ STATE: _____ ZIP: _____ Relationship: _____

Phone: (____) ____-____ Cell: (____) ____-____ Other: (____) ____-____

Email: _____ Other: _____

Employer: _____ Occupation: _____

Address: _____ PO Box or Apt # _____

City: _____ STATE: _____ ZIP: _____ Supervisor: _____

Driver's Lic. or State ID # _____ State _____ SSN# ____-____-____

Date of birth: _____ Place of birth: _____

Current Spouse:

Last _____ First _____ Middle _____ Maiden _____

Phone: (____) ____-____ Cell: (____) ____-____ Other: (____) ____-____

Email: _____ Other: _____

Employer: _____ Occupation: _____

Address: _____ PO Box or Apt # _____

City: _____ STATE: _____ ZIP: _____ Supervisor: _____

Driver's Lic. or State ID # _____ State _____ SSN# ____-____-____

Date of birth: _____ Place of birth: _____

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

(1) Name: _____ Phone numbers: _____

Address: _____

(2) Name: _____ Phone numbers: _____

Address: _____

OFFICE OF DISPUTE RESOLUTION

916 Main, Suite 800, Lubbock, Texas - P.O. Box 10536, Lubbock, Texas 79408

Local: 806 775-1720 Toll Free: 866 329-3522 Fax: 806 775-7929

e-mail: odr@co.lubbock.tx.us

website: www.co.lubbock.tx.us



Part II: Ward's Information (all information in this box is for the Ward)

Last _____ First _____ Middle _____ Maiden _____
Current Address: _____ PO Box or Apt # _____
City: _____ State: _____ Zip Code: _____ Sex: ☐ Male ☐ Female
Ward lives: ☐ In own home ☐ With Guardian ☐ In Facility: _____
Phone: (____) ____-____ Cell: (____) ____-____ Other: (____) ____-____
Email: _____ Other: _____

Date of birth: _____ Age: _____ Place of birth: _____
Driver's Lic. or State ID # _____ State _____ SSN# _____ - _____ - _____

Marital Status: ☐ Married ☐ Single (never married) ☐ Widow(er) ☐ Separated ☐ Divorced
Ethnicity: ☐ African American ☐ Caucasian ☐ Hispanic ☐ Asian/Pacific ☐ Other _____

Ward receives the following government benefits worth \$ _____:
☐ Medicaid ☐ Medicare ☐ Social Security ☐ SSDI ☐ TANF ☐ CHIP ☐ _____

Ward's sources of monthly income:
☐ Pension \$ _____ ☐ Annuities \$ _____ ☐ Spouse's SSI \$ _____ ☐ Retirement \$ _____

Guardian ☐ IS ☐ IS NOT the Representative Payee for benefits

To be filled out by County Clerk Office

Date Appointed: _____ ☐ Guardian of Person ☐ Guardian of the Estate

Powers:

Date: _____ of Oath Date: _____ of Bond

Reporting Periods will begin: _____

Date: _____ of Order Waiving Accounting.

(Only fill out of applicable)

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