

**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: \_\_\_\_\_

**GUARDIANSHIP GENERAL INFORMATION FORM**, page 2 of 2

**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)