



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>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>