

HOCKLEY COUNTY COURT
GUARDIANSHIP INFORMATION FORM

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: _____

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)

**HOCKLEY COUNTY COURT
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