



**DALLAS COUNTY PROBATE GUARDIANSHIP CASE INFORMATION FILING COVER SHEET
(REQUIRED ON ALL GUARDIANSHIP CASES)**

CAUSE NUMBER: _____ **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 the new 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 the Court Investigator's Report to the Court, 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!**

Check (√) all applicable boxes.

Please print clearly and legibly.

<p><input type="checkbox"/> PROPOSED WARD'S GENERAL INFORMATION Full Legal Name of Proposed Ward: _____ A/K/A: _____ Race: _____ Sex: _____ Date of Birth: _____ Any Known Identifying Number: () Social Security Number: _____ () Driver's License Number (with State): _____ () State Identification Number (with State): _____ Does Proposed Ward receive Medicaid? Yes () No () Does Proposed Ward receive income from any source(s) other than SSI? Yes () No () If yes, please list all sources and the monthly amounts of income: Source: _____ Monthly \$ _____ Source: _____ Monthly \$ _____ Source: _____ Monthly \$ _____ Source: _____ Monthly \$ _____ Source: _____ Monthly \$ _____ Source: _____ Monthly \$ _____</p>	<p><input type="checkbox"/> APPLICANT #1 INFORMATION: Non-family member? Y () N () Name: _____ A/K/A: _____ Address _____ Date of Birth: _____ Telephone Numbers: Home: _____ Work: _____ Cell: _____ E-Mail Address: _____ <hr/>Who is the Proposed Ward's Representative Payee? Name: _____ Address: _____ <hr/>Telephone Number: _____ Medicaid Eligibility Worker's Name: Address: _____ Telephone Number: _____</p>
<p><input type="checkbox"/> INFORMATION FOR THE PERSON/ATTORNEY COMPLETING THIS FORM: Name: _____ State Bar No. _____ Address _____ Telephone Number: _____ Fax Number: _____ E-Mail: _____ Date Completed: _____ <input type="checkbox"/> Pro Se (If not represented by an attorney)</p>	<p><input type="checkbox"/> APPLICANT #2 INFORMATION: Non-family member? Y () N () Name: _____ A/K/A: _____ Address _____ Date of Birth: _____ Telephone Numbers: Home: _____ Work: _____ Cell: _____ E-Mail Address: _____</p>

