

Reporting form for Administrative Order 2009-2 HB.3352 Govt. Code 25.002 (c)

Cause No. _____

Name of Ward: _____

Date of Birth: _____

Gender: choose one Male Female

Race: _____

Social Security _____

Number: TDL or TX ID# _____

Date Guardianship Created _____

Type of Guardianship

(Select appropriate designation)

Temporary or Permanent

Person Only

Estate Only

Person & Estate

Full (no rights retained by ward) or Partial

Rights retained by ward in partial guardianship

Driving Yes No

Voting Yes No

Other:

Basis for Guardianship: _____

Mental retardation Autism Mental Illness Alzheimer Dementia

Head Injury Stroke Parkinson's