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Client Information
GUARDIANSHIPS

Guardian:_____ Guardian DOB: _____

Co-Guardian:_____ Co-Guardian DOB: _____

Address:_____ Apt:_____

City:_____ County:_____ State:_____ Zip:_____

Email Address:_____

Mailing Address of Ward(s): _____

Phone 1: (_____)_____ Phone 2: (_____)_____

Ward Name: _____ DOB: _____

Ward Name: _____ DOB: _____

Ward Name: _____ DOB: _____

Ward Name: _____ DOB: _____

Does Guardian or Co-Guardian have an unpardoned felony conviction?: Y/N
If yes, Date of Conviction: _____ Crime:_____

Relationship of Ward(s) to Guardian(s): _____

(If Ward is a Child)

(Mother) _____
Name Address Phone

(Father) _____
Name Address Phone

TREATING MEDICAL / PSYCHOLOGICAL PROFESSIONALS (2 REQUIRED IF WARD IS ADULT):

1: _____
Name Address Phone/Email

2. _____
Name Address Phone/Email

Reason for Guardianship: _____