



**2. Petitioner.** *The person filing the petition for appointment of a guardian.*

*Provide the complete version of protected information and the redacted version included in documents you file.*

Name \_\_\_\_\_  
                     *First*  *Middle*  *Last*

<b>Protected information type</b>	<b>Complete information</b> (See Rules 16.602 and 16.604)	<b>Redacted information</b> (See Rule 16.605)
A. Social security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

*Check this box if you are attaching a separate sheet listing additional information for Respondent.*

**3. Proposed Guardian or Guardian.** *The proposed, or current, guardian of the protected person.*

*Provide the complete version of protected information and the redacted version included in documents you file.*

Name \_\_\_\_\_  
                     *First*  *Middle*  *Last*

<b>Protected information type</b>	<b>Complete information</b> (See Rules 16.602 and 16.604)	<b>Redacted information</b> (See Rule 16.605)
A. Social security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>

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F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

Check this box if you are attaching a separate sheet listing additional information for Respondent.

**4. Other Persons.** Any other person with information redacted in the documents you file.

Provide the complete version of protected information and the redacted version included in documents you file.

Name \_\_\_\_\_  
                     *First*  *Middle*  *Last*

<b>Protected information type</b>	<b>Complete information</b> (See Rules 16.602 and 16.604)	<b>Redacted information</b> (See Rule 16.605)
A. Social security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

Check this box if you are attaching a separate sheet listing additional information for Respondent.

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**5. Information provided by:**

\_\_\_\_\_/s/\_\_\_\_\_  
*Printed name* *Signature*

\_\_\_\_\_  
*Law firm, if applicable*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City* *State* *ZIP code*

(\_\_\_\_\_)\_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address* *Additional email address, if applicable*

\_\_\_\_\_, 20\_\_\_\_\_  
*Month* *Day* *Year*  
*Date signed*