

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.

4. Proposed Guardian / Guardian. *The proposed guardian or guardian of the protected minor.*

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

Name _____
 First *Middle* *Last*

Protected information type	Complete information (See Rules 16.602 and 16.604)	Redacted information (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