

Legal Guardianship Form

Guardian Information:

- Full Name: _____
- Relationship to Ward: _____
- Address: _____

Ward Information:

Name	Date of Birth	Address	Special Needs (if any)

Legal Basis for Guardianship:

- Court Order Date: _____
- Case Number: _____

Responsibilities of Guardian:

- Financial Management
- Medical Oversight
- Educational Supervision
- Housing and Welfare

Acknowledgment:

I, [Guardian Name], agree to abide by all legal requirements and act in the best interests of [Ward Name].

Guardian Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____