

Guardianship Information Sheet

Choose One* (Individual Estate Estate and Individual)

Choose One* (Minor Adult)

Choose One* (Temporary Permanent)

Related Cases (List any cases in which the Protected Person is a party, e.g., CHINS)

| | |
|-------------------|--|
| Petitioner | Relationship to Protected Person* _____ |
|-------------------|--|

Last:* _____ Suffix: _____ First:* _____ Middle: _____

DOB: _____ Gender:* _____ Race:* _____ Hispanic?: Yes/No

Address:* _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address:* _____

Attorney Name: _____ Bar Number: _____ App. Filed Date: _____

| | |
|-------------------------|---------------------------------|
| Protected Person | Estimated Value \$ _____ |
|-------------------------|---------------------------------|

Last:* _____ Suffix: _____ First:* _____ Middle: _____

DOB:* _____ Gender:* _____ Race:* _____ Hispanic?: Yes/No

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ lbs

Scars, Marks, and Tattoos: _____

Address:* _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address:* _____

Attorney Name: _____ Bar Number: _____ App. Filed Date: _____

Guardian Ad Litem Full Name: _____

Interpreter required? Yes/No Language: _____

| |
|--|
| Guardian <input type="checkbox"/> Check if same as petitioner <input type="checkbox"/> Certified (Only check if Federal or State Certified) |
|--|

Last:* _____ Suffix: _____ First:* _____ Middle: _____

DOB: _____ Gender:* _____ Race:* _____ Hispanic?: Yes/No

Address:* _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address:* _____

Attorney Name: _____ Bar Number: _____ App. Filed Date: _____

| |
|-----------------------------|
| Guardian Institution |
|-----------------------------|

Name:* _____

Address:* _____

Phone: _____ Fax: _____ Agent Name: _____

| | |
|--|---|
| Close Relative (Entitled to Notice) | Relationship to Protected Person _____ |
|--|---|

Last:* _____ Suffix: _____ First:* _____ Middle: _____

Gender:* _____ Race:* _____ Hispanic?: Yes/No

Mailing Address:* _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address:* _____

Guardianship Information Sheet

(Additional)

| | |
|--|---|
| Petitioner | Relationship to Protected Person _____ |
| Last:* _____ Suffix: _____ First:* _____ Middle: _____ | |
| DOB: _____ Gender:* _____ Race:* _____ Hispanic?: Yes/No | |
| Address:* _____ | |
| Home Phone: _____ Work Phone: _____ Cell Phone: _____ | |
| Email Address: _____ | |
| Attorney Name: _____ Bar Number: _____ App. Filed Date: _____ | |

| | |
|--|--|
| Guardian <input type="checkbox"/> Check if same as petitioner <input type="checkbox"/> Certified (Only check if Federal or State Certified) | |
| Last:* _____ Suffix: _____ First:* _____ Middle: _____ | |
| DOB: _____ Gender:* _____ Race:* _____ Hispanic?: Yes/No | |
| Address:* _____ | |
| Home Phone: _____ Work Phone: _____ Cell Phone: _____ | |
| Email Address: _____ | |
| Attorney Name: _____ Bar Number: _____ App. Filed Date: _____ | |

| | |
|--|---|
| Close Relative (Entitled to Notice) | Relationship to Protected Person _____ |
| Last:* _____ Suffix: _____ First:* _____ Middle: _____ | |
| Gender:* _____ Race:* _____ Hispanic?: Yes/No | |
| Mailing Address:* _____ | |
| Home Phone: _____ Work Phone: _____ Cell Phone: _____ | |
| Email Address: _____ | |

| |
|--|
| Interested Party |
| Last:* _____ Suffix: _____ First:* _____ Middle: _____ |
| Gender:* _____ Race:* _____ Hispanic?: Yes/No |
| Address:* _____ |
| Home Phone: _____ Work Phone: _____ Cell Phone: _____ |
| Email Address: _____ |

| |
|--|
| Interested Party |
| Last:* _____ Suffix: _____ First:* _____ Middle: _____ |
| Gender:* _____ Race:* _____ Hispanic?: Yes/No |
| Address:* _____ |
| Home Phone: _____ Work Phone: _____ Cell Phone: _____ |
| Email Address: _____ |