

# Guardianship Registry Information Sheet

( 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 Registry Information Sheet (Additional)

**Petitioner #2** Relationship to Protected Person \_\_\_\_\_

Last:\* \_\_\_\_\_ Suffix: \_\_\_\_\_ First:\* \_\_\_\_\_ Middle: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender:\* \_\_\_\_\_ Race:\* \_\_\_\_\_ Hispanic?: YesNo  
Address:\* \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Attorney Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_ App. Filed Date: \_\_\_\_\_

Guardian  Check if same as petitioner  Certified (Only check if Federal or State Certified)

Last:\* \_\_\_\_\_ Suffix: \_\_\_\_\_ First:\* \_\_\_\_\_ Middle: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender:\* \_\_\_\_\_ Race:\* \_\_\_\_\_ Hispanic?: YesNo  
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?: YesNo  
Mailing Address:\* \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Interested Party**

Last:\* \_\_\_\_\_ Suffix: \_\_\_\_\_ First:\* \_\_\_\_\_ Middle: \_\_\_\_\_  
Gender:\* \_\_\_\_\_ Race:\* \_\_\_\_\_ Hispanic?: YesNo  
Address:\* \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Interested Party**

Last:\* \_\_\_\_\_ Suffix: \_\_\_\_\_ First:\* \_\_\_\_\_ Middle: \_\_\_\_\_  
Gender:\* \_\_\_\_\_ Race:\* \_\_\_\_\_ Hispanic?: YesNo  
Address:\* \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_