

# 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*
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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 \$
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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)
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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
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Name:\* \_\_\_\_\_

Address:\* \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Close Relative (Entitled to Notice)	Relationship to Protected Person
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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: \_\_\_\_\_