

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

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 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 Check if same as petitioner 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: _____