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 ☐ 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: _____

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 **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: _____