

Guardianship Registry Information Sheet

Minor Adult 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: _____