

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

Last: _____ Suffix: _____ First: _____ Middle: _____

DOB: _____ Gender: _____ Race: _____ Hispanic?: Yes No

Home Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Attorney Name: _____ Bar Number: _____

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: _____

Home Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Attorney Name: _____ Bar Number: _____

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

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Attorney Name: _____ Bar Number: _____

Guardian Institution

Name: _____

Mailing 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

Last: _____ Suffix: _____ First: _____ Middle: _____
DOB: _____ Gender: _____ Race: _____ Hispanic?: Yes No
Home Address: _____
Mailing Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
Attorney Name: _____ Bar Number: _____

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

Last: _____ Suffix: _____ First: _____ Middle: _____
DOB: _____ Gender: _____ Race: _____ Hispanic?: Yes No
Mailing Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
Attorney Name: _____ Bar Number: _____

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
Mailing Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____

Interested Party

Last: _____ Suffix: _____ First: _____ Middle: _____
Gender: _____ Race: _____ Hispanic?: Yes No
Mailing Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____

Does the protected person or minor, or anyone on behalf of the protected person or minor, receive disability, Social Security, Medicaid, Medicare, or any other type of benefits? Yes No

To whom are such benefits referred to above paid:

Name: _____

Mailing Address: _____

What other property does the protected person or minor own? Please check which are applicable.

- Real Estate
- Bank accounts or other account on deposit
- Retirement benefits
- Stocks or Bonds
- Trust property
- Furniture, household goods, clothing, etc.