

# 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 _____
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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: \_\_\_\_\_ Filing 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** 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: \_\_\_\_\_