

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

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: _____