(To be completed by the Clerk)

Guardianship Information Sheet Child and Incapacitated Adult

Petitioner (Your nar	ne)			
	Last, First, M	iddle (full)		
Address:				
	City, State, Z	ip		
Phone:		(Include Area Code)		
Employment:				
	City, State, Z	ip		
Phone		_ (Include Area Code)		
Emergency contact j	person and phone numb	oer:		
			======	
CHILD OR INCAP	ACITATED ADULT:			
Name:		, Middle (full)		
DOB:		SEX:	SSN:	
Address:		SEA		
Address.	City, State, Z		_ I none.	Include Area Code
Physician/Therapist	(If applicable):			
Address:				
	City, State, Z		_ i none.	Include Area Code
=======================================				
If the subject of this	petition is a minor chil	d:		
Mother's Name:		26.11. (6.11)		
		Middle (full)		
Address:		7:-		
D.	City, State,	•		
Employment:				
Address:		7.	_ Phone:	
	City, State	e, Zip		Include Area Code

Father's Name:			
	Last, First, Middle (full)		
Address:	GL GL FI		
	City, State, Zip		
Phone	(Include Area	(Code)	
Employment:			
Address:	City, State, Zip	Phone:	Include Area Code
	======================================		
	y members (required for both minor of		
Name:	•	-	
	Last, First, Middle (full)		
Address:		Phone:	
	City, State, Zip		Include Area Code
Relationship:			
Name:			
	Last, First, Middle (full)		
Address:		Phone:	Include Area Code
D 1	City, State, Zip		
Relationship:			
Name:	Last, First, Middle (full)		
Address:	Last, 1 list, Whate (1411)	Dhone	
Audiess	City, State, Zip	rnone.	Include Area Code
Relationship:			
··· · · · · · · · · · · · · · · · · ·			
Nama			
mame:	Last, First, Middle (full)		
Address:		Phone	
. 1441000	City, State, Zip	i none.	Include Area Code
Relationship:			