

# GUARDIANSHIP FORM B

## Guardianship Registry Information Sheet

( Individual     Estate     Estate and Individual)

**Choose One\*** ( Minor    Adult)                      **Choose One\*** ( 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:** \_\_\_\_\_