

4A-517. Kinship guardianship information sheet.

KINSHIP GUARDIANSHIP INFORMATION SHEET.

NOTE TO CLERK: DO NOT FILE THE INFORMATION SHEET

Type or print responses. Use only for kinship guardianship cases.

1. Petitioner's attorney information. *(Complete only if Petitioner has an attorney.)*

Petitioner's name: _____
Attorney's name: _____
Attorney's address: _____
City: _____
State: _____
Zip code: _____
Telephone: _____
Email address: _____

2. Information regarding Petitioner(s) and Respondent(s). There may be multiple petitioners and respondents. Fill out the information for each petitioner and respondent. *(Do not use an attorney's mailing address. Use a separate sheet if necessary.)*

Petitioner 1

Name: _____
(Last name, first, middle)
Other names *(e.g., maiden name)*: _____

Address: _____
City: _____
State: _____
Zip code: _____
Email address: _____
Date of birth: _____
Social Security number: _____

Petitioner 2 (if applicable)

Name: _____
(Last name, first, middle)
Other names *(e.g., maiden name)*: _____

Address: _____
City: _____
State: _____
Zip code: _____
Email address: _____
Date of birth: _____
Social Security number: _____

Respondent 1

Name: _____
(Last name, first, middle)
Other names *(e.g., maiden name)*: _____

Address: _____
City: _____
State: _____
Zip code: _____
Email address: _____
Date of birth: _____
Social Security number: _____

Respondent 2

Name: _____
(Last name, first, middle)
Other names *(e.g., maiden name)*: _____

Address: _____
City: _____
State: _____
Zip code: _____
Email address: _____
Date of birth: _____
Social Security number: _____

Respondent 3 (if applicable)

Name: _____

(Last name, first, middle)

Other names (e.g., maiden name): _____

Address: _____

City: _____

State: _____

Zip code: _____

Email address: _____

Date of birth: _____

Social Security number: _____

Respondent 4 (if applicable)

Name: _____

(Last name, first, middle)

Other names (e.g., maiden name): _____

Address: _____

City: _____

State: _____

Zip code: _____

Email address: _____

Date of birth: _____

Social Security number: _____

3. Minor children. *(Provide the date of birth and social security number for each minor child. Use a separate sheet if necessary.)*

Name: _____

(Last name, first, middle)

Date of birth: _____

Social Security number: _____

Name: _____

(Last name, first, middle)

Date of birth: _____

Social Security number: _____

Name: _____

(Last name, first, middle)

Date of birth: _____

Social Security number: _____

Name: _____

(Last name, first, middle)

Date of birth: _____

Social Security number: _____

Name: _____

(Last name, first, middle)

Date of birth: _____

Social Security number: _____

Name: _____

(Last name, first, middle)

Date of birth: _____

Social Security number: _____

[Adopted by Supreme Court Order No. 22-8300-020, effective for all pleadings and papers filed on or after December 31, 2022.]