

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_  
Licensed Fiduciary Number: \_\_\_\_\_

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR  
☐ Respondent

FOR CLERK'S USE ONLY

## PETITIONER'S INFORMATION SHEET TO COURT INVESTIGATOR

**Instructions to Petitioner:** You must complete this form and send it to Court Administration. This information will assist the Court Investigator in scheduling and conducting an appointment with ***the proposed ward***, the person for whom a guardian and/or a conservator is said to be needed. **Incomplete or inaccurate information may cause the Court hearing on your Petition to be delayed.**

Your Case Number: \_\_\_\_\_

### 1. INFORMATION ABOUT THE PROPOSED WARD (the person said to need guardian or conservator):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: *(if different)* \_\_\_\_\_

Email Address: \_\_\_\_\_

Language person speaks: \_\_\_\_\_

Information about communication barriers: \_\_\_\_\_

#### PRIMARY WEEKDAY LOCATION

Monday-Friday, 8:00 A.M. TO 5:00 P.M., the Ward can usually be found at: (List full address below)

--

### 2. INFORMATION ABOUT THE PROPOSED GUARDIAN AND/OR CONSERVATOR:

	Petitioner	Co-Petitioner
Name:		
Address:		
City, State, Zip Code:		
Home Telephone:		
Work Telephone:		
Email Address:		

<b>Race:</b>		
<b>Height:</b>		
<b>Weight:</b>		
<b>Color of Hair:</b>		
<b>Color of Eyes:</b>		
<b>Relationship to Ward:</b>		

**3. INFORMATION ABOUT THE COURT-APPOINTED PHYSICIAN (or other authorized evaluator):**

<b>Name:</b>		<b>Telephone:</b>	
<b>Address:</b>			
If <u>not</u> a <i>physician</i> , the evaluator is a <input type="checkbox"/> <b>Registered Nurse</b> <input type="checkbox"/> <b>Psychologist</b> <input type="checkbox"/> <b>Psychiatrist</b>			
<b>Email Address:</b>			

**4. INFORMATION ABOUT PETITIONER'S ATTORNEY:**

<b>Name:</b>		<b>Telephone:</b>	
<b>Address:</b>			
<b>Email Address:</b>			

**5. INFORMATION ABOUT CO-PETITIONER'S ATTORNEY:**

<b>Name:</b>		<b>Telephone:</b>	
<b>Address:</b>			
<b>Email Address:</b>			

**For Court Use Only:**

Date and Time of Hearing: \_\_\_\_\_

Commissioner: \_\_\_\_\_