

## MORRIS COUNTY SURROGATE'S COURT

Morris County Courthouse, 10 Court St #5, P.O. Box 900, Morristown, NJ 07960

Tel. (973) 285-6500 - email: surrogate@co.morris.nj.us

### GUARDIANSHIP OF MINOR - INFORMATION SHEET

*Both natural parents have the first rights to make application as guardian, not the guardian ad-litem.*

*Appointment Date/Time:* \_\_\_\_\_

#### MINOR'S INFORMATION

Name of Minor *as it appears on social security card*: \_\_\_\_\_

Age \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Legal Residence (*FULL address*):  
\_\_\_\_\_

Township/Borough/City of Residence: \_\_\_\_\_

#### APPLICANT (PROPOSED GUARDIAN) INFORMATION

Applicant Name(s): \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Person to renounce if both parents are not qualifying: \_\_\_\_\_

#### NEXT OF KIN

**Name and address of minor's immediate (or closest) next of kin and/or of those with whom minor resides:**

| Name  | Relationship | #/Street/City/Zip | Age (if a minor) |
|-------|--------------|-------------------|------------------|
| _____ | _____        | _____             | _____            |
| _____ | _____        | _____             | _____            |
| _____ | _____        | _____             | _____            |
| _____ | _____        | _____             | _____            |
| _____ | _____        | _____             | _____            |

#### **FOR GUARDIANSHIPS OF A MINOR'S PROPERTY ONLY**

Amount of Inheritance/Award: \_\_\_\_\_ From: \_\_\_\_\_

Attorney for Applicant: \_\_\_\_\_

Attorney Address/Phone: \_\_\_\_\_

Please call 973-285-6500 to make an appointment.

**The minor's original birth certificate and social security card are REQUIRED to process this application. There is a \$50 fee for a guardianship application.**