

**COURT OF CHANCERY  
PERSONAL INFORMATION SHEET**

Please Note: If there is more than one proposed guardian, each person will need to complete a separate form and use separate contacts on page two of this form.

In the matter of: \_\_\_\_\_, a person with an alleged disability/minor

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date this form is completed: \_\_\_\_\_

In connection with the above matter, I have applied to the Court of Chancery to be appointed as guardian of the person with an alleged disability/minor named above. I understand that I must complete this form in full or my guardianship petition may be denied. In order to provide the Court with sufficient information to determine my qualification to serve as guardian and to assist the Court in assuring that the Court's staff will always be able to locate and make contact with me, the following information and consent is given:

Proposed Guardian's current full name: \_\_\_\_\_

Proposed Guardian's physical address: \_\_\_\_\_

\_\_\_\_\_

Proposed Guardian's mailing address (if different): \_\_\_\_\_

\_\_\_\_\_

Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Driver's License number and State: \_\_\_\_\_

Place of employment and address: \_\_\_\_\_

\_\_\_\_\_

Name of supervisor and telephone number: \_\_\_\_\_

\_\_\_\_\_

Name/Address/Telephone number of spouse (if not a co-petitioner/co-guardian):

\_\_\_\_\_

**Contacts:** List the information for two people who should always be able to locate or contact you and do not live at the same address as each other or the petitioner(s). If there is more than one proposed guardian, separate contacts must be listed

1. Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

I fully understand that it is my duty to keep the Court informed of my whereabouts and to provide the Court with any change in my name, physical address or mailing address. I hereby authorize the staff of this Court to contact any of the persons named above and authorize and direct any of the persons named above and my attorney(s) to provide to the Court any information which might assist the Court in locating or contacting me in the future. I also authorize the court staff to search government or public databases to locate me. I further agree that any federal, state, public, or private agency with information about my whereabouts, or the whereabouts of the person with an alleged disability or minor named above, may release that information to the Court and its staff, and I authorize and direct such persons to release that information. I release the Court and the Court's staff from all liability associated with efforts to determine my whereabouts or the whereabouts of the person with an alleged disability or minor over whom guardianship has been established.

\_\_\_\_\_  
Proposed Guardian's signature

STATE OF \_\_\_\_\_ :

COUNTY OF \_\_\_\_\_ :

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ [Name of affiant].

\_\_\_\_\_  
Notary Public/Chancery Court Clerk