

## Union County Surrogate's Court Christopher E. Hudak, Esq., Surrogate

Information Sheet for **Guardianship of a Minor**.

Minor's birth certificate and social security card are required for this application.

#### **PLEASE PRINT OR TYPE**

| MINOR'S NAME: <u>As It Appears on Social Security Card</u> |                |   |  |
|--|----------------|---|--|
| SOCIAL SECURITY #:   | <br>(Required) |   |  |
| ADDRESS:   |                |   |  |
| CITY/TOWN:   |                |   |  |
| DATE OF BIRTH:   | <br>/          | AGE:  |  |
| NET RECOVERY/VALUE<br>OF ESTATE:                           |                | Please fax the Order or Judgment if applicable. |  |
| REASON FOR<br>GUARDIANSHIP:                                |                |   |  |
|  |                |   |  |
|  |                |   |  |

EG: Personal injury settlement, insurance beneficiary, other.

| NAME(S) & ADDRESS(ES) OF GUARDIAN: (Required) |   |   |             |  |  |
|---|---|---|-------------|--|--|
| <u>NAME</u>                                   | <u>ADDRESS</u>  | <u>CITY/STATE</u>                             | PHONE #     |  |  |
|   |   |   |             |  |  |
|   | nildren, if there are none, include pag (use reverse side if necessary) |   |             |  |  |
| List everyone in the house NAME               | hold with minor and other next of<br><u>RELATIONSHIP</u>                | f kin not living with minor<br><u>ADDRESS</u> | MINOR (AGE) |  |  |
|   |   |   |             |  |  |
|   |   |   |             |  |  |
|   |   |   |             |  |  |
|   |   |   |             |  |  |
| Method of Payment: Cash                       | , check, credit card /Attorney Cha                                      | urge  |             |  |  |
| NAME, ADDRESS & PHO                           | NE # OF ATTORNEY:   |   |             |  |  |
|   |   |   |             |  |  |
|   |   |   |             |  |  |

### MINOR ACCOUNTS HAVE TWO OPTIONS:

- 1) The money is to be held by the Surrogate Court in the Intermingled Trust Fund. (**Court orders usually require this.**)
- 2) The Guardian(s) must be bonded for the full amount for the term of the minor until they reach the age of majority, unless the court order requires that the Surrogate Court hold the money.

#### **ALL CHECKS FOR MINOR'S FUNDS MUST BE MADE PAYABLE TO:**

# THE SURROGATE OF UNION COUNTY FOR THE BENEFIT OF (NAME OF THE MINOR CHILD).

Additional correspondence may be addressed to:

Christopher E. Hudak, Union County Surrogate
Union County Courthouse
2 Broad Street
Elizabeth, New Jersey 07207

Attn: Deborah Little, Minor Guardianship Clerk

Please email or fax this information sheet and the Court Order as soon as possible.

Email: ucsurrogate@ucnj.org or deborah.little@ucnj.org

Fax: (908) 351-9212 Phone: (908) 527-4280

Minor Guardianship Fees:

 $\begin{aligned} & \text{Guardianship Application} - \$50.00 \\ & \text{Certificates} - \$5.00 \text{ each} \\ & \text{Consents} - \$5.00 \text{ each} \end{aligned}$ 

(\$5.00 for every additional page thereafter)