

**James S. LaCorte
Surrogate of Union County
Guardianship Information Sheet**

PLEASE PRINT OR TYPE **This information to be used to:**

Guardianship Of: (Name of Minor as it appears on Social Security Card/Records)

First Name:

Middle Initial:

Last Name:

Aka:

Social Security#:

Date of Birth:

Net Recovery/Value of Estate:
(Please fax the Order/Judgment if it applies)

Name(s) & Address(es) of Guardian(s): **List Relationship**

<u>Name</u>	<u>Address</u>	<u>City/State</u>	<u>Phone #</u>

Next of Kin: (i.e. parent/siblings, use reverse side if necessary)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Age If Minor</u>	<u>Check If Renunciation Is Needed</u>

Guardianships \$60: \$50.00, Certificates \$5.00 each, Renunciations \$5.00 each (\$5 for every additional page thereafter)

Name, Address & Phone # of Attorney:

ACCEPTABLE METHODS OF PAYMENT: Cash _____ Check _____ Atty Acct _____

Additional Next of Kin: (i.e. parent/siblings, continued from 1st page)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Age if Minor</u>	<u>Renunciation</u>
-------------	---------------------	----------------	---------------------	---------------------

*****A FULL 48 HOUR NOTICE MUST BE GIVEN TO PREPARE PAPERS*****

Additional Correspondence may be addressed to:
James S. LaCorte, Surrogate of Union County
Union County Court House
2 Broad Street, Elizabeth, New Jersey 07207
Phone: 908-527-4280 Fax: 908-351-9212
www.unioncountynj.org/surrogate

*****Please indicate if you are going to be Bonded or if the Court is going to hold the monies.*****

Please fax/email the information back as soon as possible so that we can get all of the information into the system. When you appear please let the receptionist know that paperwork has already been started.