

MINOR PROBATE INFORMATION SHEET

Petitioner or Guardian's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone 1: _____ Phone 2: _____

Employer: _____ Work Number: _____

Customary Work Hours/Days _____ Date of Birth: _____

Relationship to Minor(s) _____ **Attorney:** _____

Mother's Information

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Age/Date of Birth: _____ Employer: _____

Phone 1: _____ Phone 2: _____

Father's Information

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Age/Date of Birth: _____ Employer: _____

Phone 1: _____ Phone 2: _____

CHILDREN:

Name	Age	Birth date	Grade in School	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____