

Person Filing: _____
 Address (if not protected): _____
 City, State, Zip Code: _____
 Telephone: _____
 Email Address: _____
 Lawyer's Bar Number: _____

For Clerk's Use Only

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY JUVENILE COURT

In the matter of Guardianship of: _____

Case Number JG _____

JUVENILE GUARDIANSHIP INFORMATION SHEET

A Minor Female Male

**THIS FORM IS TO BE COMPLETED BY THE PETITIONER(S) AND RETURNED
TO THE CLERK AT THE TIME OF FILING THE PETITION.**

This information is confidential and for Court use only, and is not part of the public record.

DESCRIPTION OF	PETITIONER	CO-PETITIONER
Name		
Address		
City, State, Zip		
Telephone Number	()	()
Date of Birth		
Social Security Number		
Passport Number		
Ethnicity		
Height		
Weight		
Color of Hair		
Color of Eyes		
Relationship to person(s) to be protected		

Private Fiduciary Certification or Licensing Number: _____

Date of birth of Minor(s): (Month/Day/Year) _____

Is the person you are seeking to assist a foreign national? Yes No

If yes, please specify country: _____

Is the Minor(s) or a sibling of the Minor(s) involved in a Juvenile Dependency action? YES NO

Will you or any person required to receive notice need a court interpreter? YES NO

If "Yes", what language(s) ? _____