1

4A-517. Kinship guardianship information sheet.

1. Petitioner's attorney information. (Complete only if Petition attorney.) Petitioner's name: Attorney's name: Attorney's address: City: State: Zip code: Telephone: Email address: 2. Information regarding Petitioner(s) and Respondent(s). There multiple petitioners and respondents. Fill out the information for each petitioner (Do not use an attorney's mailing address. Use a separate sheet if necessary.) Petitioner 1 Petitioner 2 (if applicable) Name: (Last name, first, middle) (Last name, first, middle)	cases.
Petitioner's name: Attorney's name: Attorney's address: City: State: Zip code: Telephone: Email address: 2. Information regarding Petitioner(s) and Respondent(s). There multiple petitioners and respondents. Fill out the information for each petitioner (Do not use an attorney's mailing address. Use a separate sheet if necessary.) Petitioner 1 Petitioner 2 (if applicable) Name: Name:	ner has an
Attorney's name: 10	
10 Attorney's address: 11 City: 12 State: 13 Zip code: 14 Telephone: 15 Email address: 16 2. Information regarding Petitioner(s) and Respondent(s). There multiple petitioners and respondents. Fill out the information for each petitioner (Do not use an attorney's mailing address. Use a separate sheet if necessary.) 19 Petitioner 1 Petitioner 2 (if applicable) Name: Name:	
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Name: Name:	•
21 (Last name, first, middle) (Last name, first, middle)	
Other names (e.g., maiden name): Other names (e.g., maiden name):	
23 Address:Address:	
24 City:City:	
25 State: State:	
26 Zip code: Zip code:	
2/ Email address: Email address:	
Date of birth:Date of birth:	
Social Security number:Social Security number:	
30	
Respondent 1 Respondent 2	
32 Name: Name:	
(Last name, first, middle) (Last name, first, middle)	
Other names (e.g., maiden name): Other names (e.g., maiden name): 35	
Address: Address:	
37 City: City:	
38 State: State:	
39 Zip code: Zip code:	

Email address: Date of birth: Social Security number:	Date of birth:
Social Security number:	
	_Social Security number:
Respondent 3 (if applicable)	Respondent 4 (if applicable)
Name:	Name:
(Last name, first, middle)	Name:(Last name, first, middle)
Other names (e.g., maiden name):	Other names (e.g., maiden name):
Address:	Address:
City:	City:
State:	
Zip code:	_Zip code:
Email address:	_ Email address:
Date of birth:	_Date of birth:
Social Security number:	_Social Security number:
3. Minor children. (Provide the child. Use a separate sheet if necessary)	he date of birth and social security number for eac tary.)
child. Use a separate sheet if necessa	ary.)
child. Use a separate sheet if necessa Name:	ary.)
child. Use a separate sheet if necessa Name:	nry.) Name: (Last name, first, middle)
child. Use a separate sheet if necessa Name:	nry.) _ Name:(Last name, first, middle) _ Date of birth:
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	Name: (Last name, first, middle) Other names (e.g., maiden name): Address: City: State: Zip code: