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GUARDIANSHIP DATA SHEET

GUARDIAN'S INFORMATION

Name (First/Init/Last): _____
Social Security # _____ DOB: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____
Work Phone: (____) _____ Home Phone: (____) _____
Fax: (____) _____ Cellular: (____) _____
E-Mail: _____ Relationship to Ward: _____

WARD (PROTECTED PERSON) INFORMATION

Name (First/Init/Last): _____
Social Security # _____ DOB: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____
Work Phone: (____) _____ Home Phone: (____) _____
Fax: (____) _____ Cellular: (____) _____

Name and Address of Persons who has had care and custody of Minor during the preceding sixty (60) days? _____

NATURAL MOTHER'S INFORMATION (FOR GUARDIANSHIP OF MINOR)

Name (First/Init/Last): _____
Social Security # _____ DOB: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____
Work Phone: (____) _____ Home Phone: (____) _____
Fax: (____) _____ Cellular: (____) _____
E-Mail: _____

Have parental rights of the natural mother of the Minor been temporarily suspended or terminated? Yes ___ No ___
Does the natural mother consent to this guardianship proceedings? Yes ___ No ___

NATURAL FATHER'S INFORMATION (FOR GUARDIANSHIP OF MINOR)

Name (First/Init/Last): _____
Social Security # _____ DOB: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____
Work Phone: (____) _____ Home Phone: (____) _____
Fax: (____) _____ Cellular: (____) _____
E-Mail: _____

Have parental rights of the natural mother of the Minor been temporarily suspended or terminated? Yes ___ No ___
Does the natural mother consent to this guardianship proceedings? Yes ___ No ___

Are the natural mother and father married at this time? Yes ___ No ___