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| **Case Information Sheet For****Guardianships and Conservatorships**  | Case Number *(Clerk fills in case #):* |
| **Exempt from Public Disclosure** |

 Disclosure of this information is limited by Idaho Court Administrative Rule 32.

**1. Type of case:** ⬜ Guardianship ⬜ Conservatorship ⬜ Both

**2. Contact information for Person asking to become Guardian and/or Conservator**

 **A. Proposed Guardian and/or Conservator**

 Full Legal Name: First Middle Last

 Any other names used:

 Physical Address:

 Street City State Zip

 Work Address:

 Street City State Zip

 Phone numbers: Home Work Cell

 Social Security Number : Date of Birth: Sex: ⬜ Male ⬜ Female

 Driver’s License State & Number:

 Email Address:

**B. Second Proposed Guardian and/or Conservator, if any**(if there is more than one person asking to become a guardian or conservator, provide that person’s contact information below)

 Full Legal Name: First Middle Last

 Any other names used:

 Physical Address:

 Street City State Zip

 Work Address:

 Street City State Zip

 Phone numbers: Home Work Cell

 Social Security Number : Date of Birth: Sex: ⬜ Male ⬜ Female

 Driver’s License State & Number:

 Email Address:

**3. For the person who may need a guardian or conservator, list all other people living in the household** (add additional pages if needed*)*

Name: Age:

Name: Age:

Name: Age:

Name: Age:

**4. Information about the person who may need a guardian and/or conservator:**

 Full Legal Name: First Middle Last

 Any other names used:

 Physical Address:

 Street City State Zip

 If address is a facility, name and contact number for the facility:

 Work Address:

 Street City State Zip

 Phone numbers: Home Work Cell

 Social Security Number : Date of Birth: Sex: ⬜ Male ⬜ Female

 Driver’s License State & Number: Email Address:

 Height: Weight: Eye Color: Hair Color:

 **Are there any plans to move the person into a different home**? ⬜ Yes ⬜ No

If yes, provide the information for the new home below:

 Physical Address:

 Street City State Zip

 Phone number:

 If address is a facility, name and contact number for the facility:

**5. Other cases involving the person who may need a guardian or conservator named on this form** (list any guardianship, conservatorship, or other cases filed in another state or county)

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| --- | --- | --- | --- |
| **Case Number** | **Date of Order** **(or date requested)** | **County / State** | **Type of case** |
| 1. |  |  | 🞎 Guardianship 🞎 Conservatorship🞎 Both 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. |  |  | 🞎 Guardianship 🞎 Conservatorship🞎 Both 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. |  |  | 🞎 Guardianship 🞎 Conservatorship🞎 Both 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |