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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |