

# GUARDIANSHIP

## Confidential Information Sheet

Complete all information that applies to this petition.

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Relationship to minor

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

\_\_\_\_\_  
Maternal Grandmother

\_\_\_\_\_  
Paternal Grandmother

\_\_\_\_\_  
Maternal Grandfather

\_\_\_\_\_  
Paternal Grandfather

\_\_\_\_\_  
Sibling of minor

Under 12  
 12 or Older

\_\_\_\_\_  
Sibling of minor

Under 12  
 12 or Older

\_\_\_\_\_  
Sibling of minor

Under 12  
 12 or Older

\_\_\_\_\_  
Sibling of minor

Under 12  
 12 or Older

\_\_\_\_\_  
Sibling of minor

Under 12  
 12 or Older

\_\_\_\_\_  
Sibling of minor

Under 12  
 12 or Older

\_\_\_\_\_  
Maternal Aunt/Uncle

\_\_\_\_\_  
Paternal Aunt/Uncle

\_\_\_\_\_  
Maternal Aunt/Uncle

\_\_\_\_\_  
Paternal Aunt/Uncle

\_\_\_\_\_  
Maternal Aunt/Uncle

\_\_\_\_\_  
Paternal Aunt/Uncle

