

Probate Intake Form

Please make copies of the CASA Appointment order and Guardianship petition

Probate Case Number: _____

Name of Child/Children: _____

_____ Ethnicity: _____ Sex: _____ DOB: _____
 _____ Ethnicity: _____ Sex: _____ DOB: _____
 _____ Ethnicity: _____ Sex: _____ DOB: _____
 _____ Ethnicity: _____ Sex: _____ DOB: _____

Contact Information for Petitioners, and other adults in the home:

First/Last Name	Sex	DOB:	Relationship to Minor(s):	Current Address:	Phone #:

Contact Information for Parents:

First/Last Name	Sex	DOB	Relationship to Minor(s):	Current Address:	Phone #:

Where is the child(ren) currently residing? _____ Since when? _____

Why is the party seeking guardianship?

- School registration, records, etc
- Insurance, Medical care
- Parents unable to care for minors Brief Explanation: _____

Other _____

Are all parties in agreement with the petition for guardianship? **Yes / No** _____



Does either party have an attorney? **Yes / No**

(If "Yes", please staple a business card to the form or enter contact information)

Attorney: _____

Attorney: _____

Representing: _____

Representing: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Is DCFS or any other agency involved in the case? **Yes / No**

Contact Information for agency worker? Name _____ Phone: _____

Best days/times to visit the guardian and children together? _____

Other Notes:

Intake conducted by: _____ Date of intake: _____
(CASA staff member)

Next court date: _____ Time: _____

