

HUDSON COUNTY SURROGATE'S COURT INFORMATION SHEET
595 Newark Avenue, 4th Floor, Room 407, Jersey City, NJ 07306

ESTATE OF: _____ GENDER: _____
Enter Minor's Full Name

MINOR'S ADDRESS: _____
Enter Minor's Complete Address

DATE OF BIRTH: ____/____/____ AMOUNT OF ESTATE: \$ _____

COUNTY OF RESIDENCE: _____ AMOUNT TO BE DEPOSITED IN SITF: \$ _____
Enter County the Minor Resides

PLEASE NOTE: IF BOND IS NECESSARY THE AMOUNT WILL BE DETERMINED BY COURT

GUARDIAN: _____ GENDER: _____
Enter Guardian's Full Name

GUARDIAN'S ADDRESS: _____
Enter Guardian's Complete Address

COUNTY OF RESIDENCE: _____ PHONE NUMBER: _____
Enter The County The Acting Party Resides In

EMAIL ADDRESS: _____ RELATIONSHIP TO MINOR: _____

*** COMPLETE ONLY IF MULTIPLE GUARDIANS ***

GUARDIAN: _____ GENDER: _____
Enter Guardian's Full Name

GUARDIAN'S ADDRESS: _____
Enter Guardian's Complete Address

COUNTY OF RESIDENCE: _____ PHONE NUMBER: _____
Enter The County The Acting Party Resides In

EMAIL ADDRESS: _____ RELATIONSHIP TO MINOR: _____

ATTORNEY: ONLY COMPLETE IF YOU ARE BEING REPRESENTED BY AN ATTORNEY

ATTORNEY(s): _____
Enter Attorney's Full Name

ADDRESS: _____ ATTORNEY ID #: _____
Enter Attorney's Complete Address

PHONE NUMBER: _____ EMAIL ADDRESS: _____

BEGINNING WITH YOURSELF PLEASE LIST NAMES, ADDRESSES AND COUNTY OF MINOR, AND ALL NEXT OF KIN OF THE MINOR. THIS INCLUDES NAMES OF PARENT(S) AND SIBLINGS AND STEP-CHILDREN

GUARDIAN(s): _____
Enter Guardian's Full Name

ADDRESS: _____ **COUNTY OF RESIDENCE:** _____
Enter Guardian's Complete Address County The Acting Party Resides In

NEXT OF KIN(s): _____
Enter Next of Kin's Full Name

ADDRESS: _____ **COUNTY OF RESIDENCE:** _____
Enter Next of Kin's Complete Address County The Acting Party Resides In

RELATIONSHIP TO MINOR: _____

NEXT OF KIN(s): _____
Enter Next of Kin's Full Name

ADDRESS: _____ **COUNTY OF RESIDENCE:** _____
Enter Next of Kin's Complete Address County The Acting Party Resides In

RELATIONSHIP TO MINOR: _____

NEXT OF KIN(s): _____
Enter Next of Kin's Full Name

ADDRESS: _____ **COUNTY OF RESIDENCE:** _____
Enter Next of Kin's Complete Address County The Acting Party Resides In

RELATIONSHIP TO MINOR: _____

NEXT OF KIN(s): _____
Enter Next of Kin's Full Name

ADDRESS: _____ **COUNTY OF RESIDENCE:** _____
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RELATIONSHIP TO MINOR: _____

NEXT OF KIN(s): _____
Enter Next of Kin's Full Name

ADDRESS: _____ **COUNTY OF RESIDENCE:** _____
Enter Next of Kin's Complete Address County The Acting Party Resides In

RELATIONSHIP TO MINOR: _____