

## Instructions for Completing the Adult Guardianship Case Information Statement

The Adult Guardianship Case Information Statement (CIS) is a one-page form that provides certain basic information about your application. You must complete all of this form except for the area in the upper right corner labeled “For Chambers or Surrogate’s Office Use Only.” Please leave that field blank.

Follow these instructions to complete the CIS:

1. In the boxes under *Plaintiff*, fill in your information as the plaintiff, that is, the party applying to have a guardian appointed. Include your full name, street address, city, state, zip, age, telephone number (including area code), and relationship to the individual for whom guardianship is being sought.
2. In the boxes under *Alleged Incapacitated Person*, fill in **all** information about the person alleged to be incapacitated and in need of a guardian, which includes their full name, street address, city, state, zip, date of birth and social security number.
3. Under *Case Type*, select the check box to indicate the type of guardianship application that is being brought. A Title 30 (DDD) application is one where the alleged incapacitated person is eligible for, or receiving services from, the Division of Developmental Disabilities (“DDD”). This application type is brought under *N.J.S.A. 30:4-165.1, et. seq.* A Title 3B (DD) application is one where the alleged incapacitated person is developmentally disabled, but is not eligible for or receiving services from DDD. This application type is brought under *N.J.S.A. 3B:12-1, et. seq.* For all other applications, select Title 3B (all other).
4. Select the appropriate checkbox as to whether or not you are seeking to be appointed as guardian.
5. Select the appropriate checkbox to indicate if anyone else is proposed to serve as guardian(s).
6. In the section marked *All person(s) proposed as guardian(s)*, print the full name, street address, city, state, zip, age, phone number (including area code), and relationship to the alleged incapacitated person for each person, or entity, who is a proposed guardian of the alleged incapacitated person; including yourself. If necessary, attach additional sheets listing the individuals or entities you seek to have appointed as guardian(s).
7. In the section marked *Other person(s) or entities to be noticed*, fill in all information for any person(s) or entity(ies) to be notified of the guardianship application. This must include the County Adjuster in the county where the alleged incapacitated person has legal settlement. It should also include other relatives of the alleged incapacitated person including spouse, parents, adult children, and persons of the same relationship to the alleged incapacitated person as the plaintiff. For example, if you are a sibling of the alleged incapacitated person, then you should list any other sibling(s). If the application type is Title 30 (DDD), this section must also include the Regional Administrator for the DDD.
8. If either you, any proposed guardian, or the alleged incapacitated person require an interpreter, check “Yes”, otherwise, check “No.” If you check “Yes”, indicate for whom the interpreter is needed, and specify the language.
9. If either you, any proposed guardian, or the alleged incapacitated person are requesting any accommodation for a disability, check “Yes”, otherwise, check “No.” If you check “Yes”, indicate what is needed and by whom.
10. The Adult Guardianship Case Information Statement is not a public document and all information on the form will be kept confidential. Therefore, all requested information, including any requested personal identifying information, such as a Social Security number, must be filled out, if known. However, other documents filed with the court may be public and any confidential personal identifiers should be redacted. The final box of this document contains the statement by which you certify that you will remove any confidential personal identifiers in future court submissions, unless such confidential personal identifiers are required by statute, court rule or court order. It also contains a statement by which you certify that you have completed this form to the best of your knowledge and ability, and that you will supplement the form as may be necessary should additional information become available. Sign below the statement.



New Jersey Judiciary

**Adult Guardianship  
Case Information Statement**

Use for initial Chancery Division Probate Part Pleadings under *Rule* 4:5-1  
Pleading will be rejected for filing, under *Rule* 1:5-6(c), if information is not  
completed or signature is not affixed

**For Chambers or Surrogate's  
Office Use Only**

Date Filed: \_\_\_\_\_  
Docket Number: \_\_\_\_\_  
Chambers: \_\_\_\_\_  
Surrogate's Office: \_\_\_\_\_

**Plaintiff**

Name (last, first, middle initial)

Address: Street

City State Zip

Age Telephone Relationship to AIP

**Alleged Incapacitated Person (AIP):**

Name (last, first, middle initial)

Address: Street

City State Zip

Date of Birth Social Security Number

**Case Type**

Title 30 (DDD)  Title 3B (DD)  Title 3B (All Others)

Is the Plaintiff the proposed guardian?  Yes  No

Are any other person(s) proposed guardian(s)?  Yes  No

**All person(s) proposed as guardian(s):** (Attach additional sheets if necessary to list all proposed guardian(s))

Name (last, first, middle initial)

Address: Street

City State Zip

Age Telephone Relationship to AIP

Name (last, first, middle initial)

Address: Street

City State Zip

Age Telephone Relationship to AIP

**Other person(s) or entities to be noticed:** (Attach additional sheets if necessary to list all parties to be noticed, including DDD Administrator and County Adjuster, if applicable)

Name (last, first, middle initial)

Address: Street

City State Zip

Age Telephone Relationship to AIP

Name (last, first, middle initial)

Address: Street

City State Zip

Age Telephone Relationship to AIP

Does any party need an interpreter?  Yes  No If yes, for whom and for what language?

Does any party need an accommodation for a disability?  Yes  No If yes, please identify the party and requested accommodation

**I certify that I have completed this form to the best of my knowledge and ability, and will supplement this form as may be necessary should additional information become available. I further certify that, except as required on this page, confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with *Rule* 1:38-7(b).**

\_\_\_\_\_ Date

\_\_\_\_\_ Attorney/Plaintiff Signature