

**ST JOSEPH COUNTY PROBATE COURT**

**JANUARY 2024**

**\* Required \* Confidential Information Forms:**

**Adoption**

**Estate**

**Guardianship**

**Paternity**

**Trust**

**Additional Forms:**

**JM or MI Information**

**Appearance by Attorney**

**Computer Access Information**

**ADOPTION INFORMATION FORM**

Cause Number 71J01- \_\_\_\_AD-000\_\_\_\_

Quest Number \_\_\_\_\_

Attorney's Name & ID Number \_\_\_\_\_  
 Firm Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone & Fax # \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Attorney Represents \_\_\_\_\_

A. Bring:

1. A check in the amount of 157.00 – Made Payable to: St Joseph County Clerk

B. Required At Closing: Made payable to: Indiana State Department of Health (No Cash)

- 1. Medical Report \$20.00
- 2. Record of Adoption \$10.00
- 3. Putative Father Registry \$50.00

C. Type of Adoption

Private \_\_\_\_ Step Parent \_\_\_\_ Single Parent \_\_\_\_ Foster Family \_\_\_\_ Foreign \_\_\_\_

**REQUIRED INFORMATION!!!**

D. Child to be Adopted:

1. Child's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
 Race \_\_\_\_ Sex \_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_ SS# \_\_\_\_\_

2. Other Court Cases: \_\_\_\_\_

E. Adoptive Parent(s):

1. Adoptive Father's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Race \_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_ SS# \_\_\_\_\_

2. Adoptive Mother's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Race \_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_ SS# \_\_\_\_\_

F. Biological Parent(s):

1. Biological Mother's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Race \_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_ SS# \_\_\_\_\_

2. Biological Father's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Race \_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_  
 ATTORNEY'S "APPEARANCE" SIGNATURE

**ESTATE INFORMATION FORM**

Cause Number 71J01- \_\_\_\_\_ ES-000 \_\_\_\_\_

Quest Number \_\_\_\_\_

Attorney's Name & ID Number \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone & Fax# \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Contact Person – Name & Phone # \_\_\_\_\_

- A. Bring: 1. A check in the amount of \$177.00  
2. The Original Will  
3. Envelopes addressed for Heirs and, if needed, Creditors  
If you desire certified service, it must be postage paid by you  
If you desire Copy Service, it requires a \$28.00 check to the St. Joseph County Sheriff

B. Type of Filing & Assigned Case Type:  
\_\_\_\_\_ ES or EU-Testate \_\_\_\_\_ ES or EU-Intestate  
\_\_\_\_\_ ES-Supervised \_\_\_\_\_ EU-Unsupervised  
\_\_\_\_\_ EU-Wrongful Death –OR- \_\_\_\_\_ ES-Wrongful Death  
(No Administration) (Includes Administration)  
\_\_\_\_\_ EM-Small Estate \_\_\_\_\_ EU-Ancillary  
\_\_\_\_\_ EM-Inheritance Tax Only – No \$ Charge \_\_\_\_\_ PL-Will Contest  
\_\_\_\_\_ EM-Spread the Will Only – No \$ Charge  
\_\_\_\_\_ EM-Spread the Will AND Inheritance Tax – No \$ Charge  
\_\_\_\_\_ EM-Open Safe Deposit Box Only – No \$ Charge

**C. REQUIRED INFORMATION!!!**

1. Name of Deceased: \_\_\_\_\_  
Race \_\_\_ Sex \_\_\_ Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ SS# \_\_\_\_\_  
Other Court Cases: \_\_\_\_\_

2. Personal Representative(s) or Petitioner(s) Name, Race, Sex, Date of Birth, SSN#, Relationship, Address:  
\_\_\_\_\_  
\_\_\_\_\_

3. Relatives/Heirs Name, Race, Sex, Date of Birth, Social Security, Relationship, Address:  
(Use another page if needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Unsupervised Estates:  
Total Value of Estate (Personal & Real Property) for Bond \$ \_\_\_\_\_  
Is Bond included: Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Name of Bond Company \_\_\_\_\_  
Amount of Bond \_\_\_\_\_

\_\_\_\_\_  
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### GUARDIANSHIP INFORMATION FORM

Cause Number 71J01- \_\_\_ GU-000 \_\_\_\_\_

Quest Number \_\_\_\_\_

### ONE CHILD PER PAGE – WITH COMPLETE INFORMATION

Attorney's Name & ID Number \_\_\_\_\_  
 Firm Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone & Fax # \_\_\_\_\_  
 E-Mail Contact \_\_\_\_\_  
 Contact Person – Name & Phone # \_\_\_\_\_

A. Bring

1. A Check in the amount of \$177.00 – Made Payable to: St. Joseph County Clerk
2. If return service is desired, a check in the amount of \$28.00 for the St Joseph County Sheriff AND/OR postage-paid addressed certified envelopes must be provided.

B. Type of Filing:

Covers:      \_\_\_ Minor                              \_\_\_ Minor's Compromise  
                   \_\_\_ Incapacitation                      \_\_\_ Minor's Claim  
                   \_\_\_ Person & Estate                      \_\_\_ Estate                      \_\_\_ Person

C. REQUIRED INFORMATION!!!

1. Ward(s) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Wards:      Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 SS# \_\_\_\_\_

2. Other Court Cases: \_\_\_\_\_

3. Guardian(s) Name: \_\_\_\_\_  
 Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Relationship \_\_\_\_\_ SS# \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

4. Relative(s) and/or Interested person(s): Name, Race, Sex, Date of Birth, Relationship, Address  
SS#:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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ATTORNEY'S "APPEARANCE" SIGNATURE

**PATERNITY ISETS INFORMATION FORM**

Cause Number 71J01- \_\_\_\_\_ - JP-000\_\_\_\_\_

Quest Number \_\_\_\_\_

Attorney's	Name & ID Number _____
	Firm Name _____
	Address _____
	Phone & Fax # _____
	E-Mail Address _____

**APPEARING FOR:**

Name	Relationship	Address
_____	_____	_____
Race	Sex	Date of Birth
_____	_____	_____
		Social Security #
		_____

- A. Bring
1. A check in the amount of \$196.00 (St. Joseph County Clerk)
  2. A check in the amount of \$28.00 (Sheriff of St. Joseph County)
- AND/OR postage-paid addressed certified envelopes must be provided.

B. Type of Filing:

<input type="checkbox"/> Establishment	<input type="checkbox"/> Modification/Visitation	<input type="checkbox"/> Other
<input type="checkbox"/> Emancipation	<input type="checkbox"/> Modification/Custody	
<input type="checkbox"/> Contempt	<input type="checkbox"/> Modification/Support	

**C. REQUIRED INFORMATION!!!**

1. Other Court Cases: \_\_\_\_\_
  
2. Dependent #1 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Race: \_\_\_ Sex \_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_
3. Dependent #2 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Race: \_\_\_ Sex \_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_
4. Custodial Parent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Race: \_\_\_ Sex \_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_
5. Non-Custodial Parent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Race: \_\_\_ Sex \_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_
6. Other Person W/Custody: Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Race \_\_\_ Sex \_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_  
ATTORNEY'S "APPEARANCE" SIGNATURE

**TRUST INFORMATION FORM**

Cause Number 71J01- \_\_\_\_ TR-000\_\_\_\_

Quest Number \_\_\_\_\_

Attorney's	Name & ID Number _____
	Firm Name _____
	Address _____
	Phone & Fax # _____
	E-Mail Address _____

A. Bring

1. A check in the amount of \$177.00
  
2. If return service is desired, a check in the amount of \$28.00 (Sheriff of St. Joseph Sheriff) AND/OR Postage-paid addressed certified envelopes must be provided.

B. Specific Name of Trust: \_\_\_\_\_  
\_\_\_\_\_

C. Information Needed:

1. Trustee's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Trustee(s): Race \_\_\_\_\_ Sex \_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Relationship \_\_\_\_\_ Social Security # \_\_\_\_\_

2. Other Court Cases: \_\_\_\_\_

3. Beneficiary(s): Name, Race, Sex, Date of Birth, SS#, Relationship, & Address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
ATTORNEY'S "APPEARANCE" SIGNATURE

**JM OR MI INFORMATION FORM**

Cause Number 71J01- \_\_\_\_\_JM-000\_\_\_\_\_

Cause Number 71J01- \_\_\_\_\_MI-000\_\_\_\_\_

Quest Number \_\_\_\_\_

Attorney's Name Number \_\_\_\_\_

Firm Name \_\_\_\_\_

Addresses \_\_\_\_\_

Phone & Fax #s \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Contact Person – Name & Phone # \_\_\_\_\_

APPEARING FOR:

Name	Relationship	Address
_____	_____	_____
Race	Sex	Date of Birth
_____	_____	_____
		Social Security #
		_____

A. Bring:

1. A check in the amount of \$176.00(JM cases) and \$157.00 (MI cases)
2. If return service is desired, a check in the amount of \$28.00 for the St. Joseph County Sheriff AND/OR postage-paid addressed certified envelopes must be provided.

B. Type of Filing: A. \_\_\_\_\_JM – Example: Grandparent Visitation, Public Record Request, Sealing & Expunging Adjudicated Juvenile Records, Abortion consent

B. \_\_\_\_\_MI – Civil cases *other than those specifically identified by Indiana Administrative Rule 8*

C. What case is this action related to: \_\_\_\_\_

D. State the objective of this action: \_\_\_\_\_

E. Other Court Cases: \_\_\_\_\_

F. Parties:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Race \_\_\_Sex \_\_\_Date of Birth \_\_\_\_\_Age \_\_\_Relationship \_\_\_\_\_

2. Family Members or Interested Persons:

Name, Address, Race, Sex, Date of Birth, Relationship

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
ATTORNEY'S "APPEARANCE" SIGNATURE

IN THE ST JOSEPH COUNTY PROBATE COURT

(Caption)

)

) Case Number:

)

APPEARANCE BY ATTORNEY

Party Classification: Initiating \_\_\_\_\_ Responding \_\_\_\_\_ Intervening \_\_\_\_\_

1. The undersigned attorney and all attorneys listed on this form now appear in this case for the following party member(s):

Name	Address	Race	Sex	Date of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. What is the party member's relationship to the case? \_\_\_\_\_

3. Applicable attorney information for service as required by Trial Rule 5(B)(2) and for case information as required by Trial Rules 3.1 & 77(B) is:

Name: \_\_\_\_\_ Atty # \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ FAX: \_\_\_\_\_  
 \_\_\_\_\_ E-Mail: \_\_\_\_\_

4. There are other party members: Yes \_\_\_ No \_\_\_ (List separate pg.)

5. If first initiating party filing this case, the Clerk is requested to assign this case the following Case Type under Administrative Rule 8(b)(3):

6. I will accept service by E-Mail at the above noted number: Yes \_\_\_ No \_\_\_

7. This case involves support issued: Yes \_\_\_ No \_\_\_ (If yes, supply social security numbers for all family on attached page.)

8. Are there related cases? Yes \_\_\_ No \_\_\_ (List on attached page.)

9. This form has been served on all other parties. Certificate of Service is attached: Yes \_\_\_ No \_\_\_

10. Additional information required by local rule: (On attached page.)

\_\_\_\_\_  
ATTORNEY-AT-LAW