

INCAPACITATED GUARDIANSHIP INFORMATION SHEET

MIDDLESEX COUNTY SURROGATE'S COURT

P.O. Box 790, New Brunswick, NJ 08903-0790

surrogate@co.middlesex.nj.us

Please check which office you are interested in making an appointment to sign papers below.*

New Bruns ___ East Bruns ___ Monroe ___ Old Bridge ___ Piscataway ___ Woodbridge ___ So. Bruns. ___

*Subject to commission fee if processing by mail.

Name of Incapacitated Person: _____

Address of Incapacitated Person _____

City

State

Zip

Date of Birth: _____ SS# _____

Name and Address of Guardian(s): _____

Telephone Number of Guardian(s): _____

Relationship of Guardian to Incapacitated Person: _____

(Add additional page to list all guardians, if necessary)

Have you completed the Court appointed guardian video tutorial? Yes ___ No ___

Date of Superior Court Judgment of Incapacity: _____

Total Number of Guardianship Certificates Requested: _____

Name, Address, & Phone Number of Attorney (if being represented): _____

***Please send a copy of the judgment of incapacity when submitting this information sheet.**

**If processing by mail there is a 4-5 week turnaround time.

For an in person appointment, issued papers will be received 1-2 weeks after the appointment.

Tel. (732)745-3055 Fax (732)745-4125