

State of New Jersey Essex County Surrogate's Court

ALTURRICK KENNEY
SURROGATE

Hall of Records, Room 206
Newark, New Jersey 07102
Phone: 973-621-4900
Fax: 973-621-2654

DEVERO D. MCDOUGAL
DEPUTY SURROGATE

In the matter of the Guardianship of:

_____, a Minor

AKA: _____



GUARDIANSHIP APPLICATION

Applicant(s) _____ residing at _____

_____, SSN: _____, respectfully shows that:

1. _____, a minor, _____ years of age, having a birth date _____, and resides at _____
2. The names and residences the minor's nearest next of kin, of the persons with whom they reside and those standing in the loco parentis are as follows:

Name	Relationship	Residence	Age of all Minors

3. Said minor is the owner of personal property having an approximate value of \$ _____ as appears from the affidavit attached hereto.

4. Applicant(s) is/are the party/ies first entitled or all equally entitled to Guardianship have duly renounced in writing. Due notice of this application has been given to all persons entitled to Guardianship.

Wherefore, applicant(s) demand(s) judgment granting Letters of Guardianship of the person only of _____, minor, to _____.

Signature

STATE OF NEW JERSEY
COUNTY OF ESSEX

} ss.

_____, being duly sworn under oath according to law, depose(s) and say(s) that _____ is/are the applicant(s) named in the forgoing complaint and that the matters and things therein contained are true to the best of their knowledge and belief. Deponent(s) further say(s) that the value of the personal estate of said minor is \$ _____.

Signature

Sworn and subscribed before me on

_____/_____/_____

Notary Public of the State of New Jersey

My Commission Expires: _____

Affix Seal

Attorney of Record:

State of New Jersey
Essex County Surrogate's Court

In the matter of the Guardianship of

_____, a Minor

AKA: _____

}

**ACCEPTANCE AND
POWER OF ATTORNEY**

I, _____ about to be appointed by a judgment of the Surrogate of the County of Essex Guardian of the person only of the above-named minor do hereby declare my acceptance of said Guardianship.

Signature

Dated: ____/____/____

Signed in the presence of:

Witness Signature (Attorney or Notary)

KNOW ALL MEN BY THESE PRESENTS, that I, _____ residing at _____, pursuant to the provisions of Revised Statutes 3B:14-47 do hereby make, constitute and appoint Alturrick Kenney Surrogate of the County of Essex, in the State of New Jersey, and theirs successors in office, my true and lawful attorney upon whom may be served any and all process affecting the aforesaid estate, or any interest therein, whereof I am the Guardian.

And I do further agree that any process against the aforesaid estate, so served, shall be of the same force and effect as if duly served upon me within this State.

In Witness Whereof, I have hereunto set my hand and seal this ____/____/____

Signature

Signed, sealed and delivered in the presence of:

Attorney or Notary Public of the State of New Jersey

STATE OF NEW JERSEY
COUNTY OF ESSEX } ss.

BE IT REMEMBERED, that on this, ____/____/____, before me, the subscriber, a Notary Public of New Jersey, personally appeared _____ who I am satisfied is the person named in the foregoing power of attorney, and I having first made known to them the contents thereof, they did thereupon acknowledge that they signed, sealed and delivered the said power of attorney as their voluntary act and deed, for the uses and purposes therein expressed.

Attorney or Notary Public of the State of New Jersey

State of New Jersey
Essex County Surrogate's Court

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DEVERO D. MCDUGAL
DEPUTY SURROGATE

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_____, a Minor
AKA: _____

}

GUARDIANSHIP
RENUNCIATION

To: Theodore N. Stephens II, Surrogate of the County of Essex;

Be it known that the following individuals with the indicated relationships to the above-referenced of above named minor person of the age of ____ years, do hereby consent to the appointment of _____ as the guardian of said minor/incapacitated person and that I do hereby waive any right which I may have to be so appointed.

Renouncing Name (s)	Relationship	Signature

Dated: ____/____/____

Signed in the presence of: _____
Witness Signature

STATE OF NEW JERSEY
COUNTY OF ESSEX }) ss.

BE IT REMEMBERED, that on this, ____/____/____, before me undersigned authority personally appeared;

Renouncing Name (#1)	Renouncing Name (#2)

who I am satisfied is/are the person(s) named in the foregoing instrument, to whom I first made known the contents thereof, and thereupon they acknowledged that they signed, sealed and delivered the same as their act and deed, for the uses and purposes therein expressed.

Notary Public/Attorney at Law of the State of New Jersey

My Commission Expires: _____

Affix Seal