

ST JOSEPH COUNTY PROBATE COURT

JULY, 2017

* Required * Confidential Information Forms:

Adoption

Estate

Guardianship

Paternity

Trust

Additional Forms:

JM or MI Information

Appearance by Attorney

Computer Access Information

-----NOT FOR PUBLIC ACCESS-----

Revised 7.17

ADOPTION INFORMATION FORM

Cause Number 71J01- ____AD-000____

Quest Number _____

Adoption Clerk is Lauren @ 574.235.5366

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

PATERNITY ISETS INFORMATION FORM

Cause Number 71J01- _____ - JP-000_____

Quest Number _____

Paternity Clerk's Phone # 574.235.5369

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 \$195.00 (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:

____ Establishment ____ Modification/Visitation ____ Other
____ Emancipation ____ Modification/Custody
____ Contempt ____ 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

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Revised 7.17

TRUST INFORMATION FORM

Cause Number 71J01- ____ TR-000____

Quest Number _____

Trust Clerk's Phone # 574.235.5370

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

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Revised 7.17

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
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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