

## SUCCESSOR GUARDIANSHIP AND CONSERVATORSHIP CHECKLIST

	Appropriate fee paid. <a href="http://wp.stlcountycourts.com/wp-content/uploads/PDF/Probate/ProbateFees.pdf">http://wp.stlcountycourts.com/wp-content/uploads/PDF/Probate/ProbateFees.pdf</a> <a href="https://www.stlcitycircuitcourt.com/Probate/Probate%20Forms/PROBATE%20FEES.pdf">https://www.stlcitycircuitcourt.com/Probate/Probate%20Forms/PROBATE%20FEES.pdf</a>
	Need Proposed Guardian's SS# and date of birth
	Background Checks completed for any proposed guardian(s) and conservator(s) who are not a parent, spouse, sibling, or child of the ward.
	<b>Conservatorship Only:</b> May need corporate surety bond in the amount of personal property rounded up to the next thousand. E-file bond. Bond is to include Acknowledgement of Principal, Acknowledgement of Surety and Power of Attorney.

The Petition should contain the following:

	Name of Ward
	Name of Petitioner
	Relationship of Petitioner to Ward
	Listed the name of the proposed Guardian
	If Co-Guardianship is requested, state the specific reasons why such appointment is necessary
	Completed all Interested Persons and marked N/A any blanks
	Three people with addresses, phone numbers, and email address who will know location of proposed guardian
	Signed & dated by petitioner under oath and affirmation or notarized
	Signed by attorney
	Address block completed for Petitioner
	Address block completed for Attorney
	Exhibit A Completed Interested Persons List
	Exhibit B Executed Information for Proposed Guardians and Conservators and Consent.
	Exhibit C should be completed if Guardian/Conservator resides out of state of Missouri.
	Waivers from all interested persons or a request for hearing date
	Financial Statement completed.

REQUIRED BACKGROUND SCREENINGS FOR ALL GUARDIANSHIP AND  
CONSERVATORSHIP CASES - INSTRUCTIONS

*§ 475.050, RSMo*

The requirements set forth herein **SHALL NOT APPLY TO A PROPOSED GUARDIAN** who is:

1. The Public Administrator; or,
2. The Ward's:
  - spouse,
  - parents,
  - children who have reached eighteen years of age, or
  - siblings who have reached eighteen years of age.

**GRANDPARENTS ARE NOT EXCLUDED, AND THEREFORE ARE REQUIRED TO COMPLY WITH THE REQUIREMENTS OF THE STATUTE AND SUBMIT A BACKGROUND CHECK.**

**IF YOU ARE NOT EXEMPT FROM THE REQUIREMENTS OF THE BACKGROUND SCREENING, CONTINUE READING.**

§ 475.050 RSMo requires that EACH PROPOSED GUARDIAN submit, at their own expense, to a background screening.

EACH PROPOSED GUARDIAN AND/OR CONSERVATOR must submit to a background screening that shall include:

- the disqualification lists of the departments of
  - mental health,
  - social services, and
  - health and senior services;
- the abuse and neglect registries for adults and children;
- a Missouri criminal record review; and,
- the sexual offender registry

§ 475.050, RSMo also requires EACH PROPOSED CONSERVATOR to **ALSO** submit, at their own expense, the following:

- a credit history investigation

EACH PROPOSED GUARDIAN/CONSERVATOR shall file the results of the reports with the court at least ten days prior to the hearing date unless the time period is waived or modified by the court for good cause shown **BY AN AFFIDAVIT FILED SIMULTANEOUSLY WITH THE PETITION**. This waiver of the 10 day time period is generally allowed only in emergency situations requiring an expedited hearing.

§ 475.050.6 RSMo states that: “An order appointing a guardian or conservator shall not be signed by the judge until such reports have been filed with the court and reviewed by the judge, who shall consider the reports in determining whether to appoint a guardian or conservator.”

## MISSOURI FAMILY CARE SAFETY REGISTRY (FCSR)

The following information about the FCSR is courtesy of Missouri Department of Health and Senior Services (DHSS). It is current as of 10-3-18.

DHSS created an electronic interface with the data systems maintained by the Missouri State Highway Patrol, Department of Social Services, Department of Mental Health, and various units within the Department of Health and Senior Services. It is called the Family Care Safety Registry.

THE FAMILY CARE SAFETY REGISTRY (FCSR) WEB SITE IS LOCATED AT:

<https://health.mo.gov/safety/fcsr/>

How to Register with FCSR:

A person may register with the FCSR two ways:

1. Online Registration with the FCSR is quick and easy. All an individual needs is Internet access, their Social Security number and email address, and a valid credit or debit card for payment of the fee. The fee to register online is \$14.00 plus a \$1.25 processing fee.
2. Mail a Registration Form, a photocopy of the Social Security card, and a check or money order for the \$14.00 registration fee (if applicable) to the Missouri Department of Health and Senior Services, Fee Receipts Unit, P.O. Box 570, Jefferson City, MO, 65102. Mailed forms are processed in the order received.

Background Screenings can be obtained in three ways:

1. Approved FCSR Internet Users may request screenings via the Internet, by clicking on Internet Background Screening Login.
2. The FCSR maintains a toll-free call center to request background screenings. The toll free number is (866) 422-6872 and is open between 8 am and 3 pm.

The Background Screening Request form allows an inquiry. Forms are processed in the order received.

## Checklist of Requirements to File a Petition for Appointment of Successor Guardian and/or Conservator of Adult

The Petition for Successor Guardian should be filed within the same cause number as the current guardianship/conservatorship.

**NOTE:** *Local Court Rule 3.2 mandates all electronically filed pleadings must be typewritten. Local Court Rule 72.2 governs specific requirements for electronic filing in the Probate Division. Documents shown in bold italics should be filed as separate documents.*

### COURT FORMS:

- 1. ***Petition for Appointment of Guardian and/or Conservator*** with following exhibits attached -  
(Document Category – Application for Letters)
  - Exhibit A – Interested Parties
  - Exhibit B – Information for Proposed Guardian and Conservator and Consent
  - Exhibit C – Designation of Resident Agent/Acceptance of Appointment of Resident Agent
- 2. ***Financial Statement*** (Document Category – Affidavit for/in/of – Financial Affidavit)
- 3. ***Corporate Surety Bond (Conservatorship)***. See instructions. (Document Category) – Filing – Other/Miscellaneous – Surety Bond)

### ADDITIONAL DOCUMENTS:

- 1. ***Waivers from Interested Persons as defined by statute or a Request for Hearing***. (Document Category – Motion to/for – Motion (other))
- 2. ***Background Check, if proposed successor is not a spouse, parent, child, or sibling of Ward***. See instructions. (Document Category – Filing – Other/Miscellaneous) Available online at: <https://health.mo.gov/safety/fcsr/>

### INSTRUCTIONS:

- 1. Party information must be entered into e-filing system with full social security numbers and birth dates. Include Petitioner and Registered Agent.
- 2. Fill in all blanks and check boxes on all forms. If not applicable, please indicate by using N/A.
- 3. Requesting appointment of Public Administrator –
  - Copy of petition and any accompanying documents including exhibits and medical opinions must be sent to him or her.
  - Notice of the date and time of the proceeding must be sent to him or her.
  - Has the opportunity to attend and participate in the hearing including right to cross-examine and offer witnesses and evidence.
  - May waive notice and the opportunity to participate.
- 4. Background Checks –
  - Must be completed at petitioner(s) own expense for anyone asking to be appointed guardian other than ward’s spouse, parents, children or siblings over the age of 18 and Public Administrator. Follow Instructions in packet.
- 5. **Bond:**
  - If asking to be a successor conservator must e-file a CORPORATE surety bond in the amount previously ordered

- Conservator bond requires Acknowledgment of Principal; Acknowledgment of Surety; and Power of Attorney for Attorney in Fact to be attached.

**FILING FEES:**

- Click hyperlink for most recent fees.  
<http://wp.stlcountycourts.com/wp-content/uploads/PDF/Probate/ProbateFees.pdf>  
<https://www.stlcitycircuitcourt.com/Probate/Probate%20Forms/PROBATE%20FEES.pdf>

**HEARING READINESS:**

1. Type of Service –
- Ordinary Mail
    - 10 days’ notice of hearing along with a copy of the petition and copy of Order Setting Hearing must be given to ALL interested persons included on Petition who are 18 or older.
    - If asking for appointment of the Public Administrator, 10 days’ notice of hearing along with a copy of the petition including all attachments and copy of Order for Setting Hearing must be given to him/her.
2. Proof of Service –
- Affidavit of Service to all interested persons – MUST BE NOTARIZED per § 472.110 RSMo and filed on or before hearing date OR
  - Waivers from all Interested Persons.
3. If the requirements for service have not been met, you will need to request a new hearing date. Contact the clerk for the judicial officer to obtain the new hearing date.



In the matter of:

**NAME OF WARD**

No. Case Number

Incapacitated and/or Disabled.

**PETITION FOR APPOINTMENT OF SUCCESSOR  
GUARDIAN AND/OR CONSERVATOR  
(Sec. 475.115 RSMo)**

1. **NAME OF PETITIONER**, is the **RELATION TO WARD** of the above-named ward/protectee.
2. **NAME OF CURRENT GUARDIAN**, the current guardian and/or conservator has  resigned,  died,  been removed, or  desires to have **NAME OF PETITIONER** serve as Co-Guardian and/or Conservator.
3. That by reason of Ward’s mental and/or physical condition, the Ward is still in need of a guardian and/or conservator.
4. The nature, extent and estimated value of the Ward/Protectee’s assets so far as is known to Petitioner is set forth on the Financial Statement attached hereto and incorporated herein by this reference.
5. The name and address of the Ward’s parents, spouse, children (and the children’s ages, if under 18), and other close relatives are set forth in Exhibit A attached hereto and incorporated herein by this reference.
6. **NAME OF PETITIONER**, is a suitable person to serve as guardian and/or Conservator for Ward and said person’s consent to act is attached hereto and incorporated herein by this reference as Exhibit B.
7. If the proposed successor fiduciary is a non-resident of Missouri, attached hereto and incorporated herein by this reference as Exhibit C is the proposed successor’s designation of the resident agent and the resident agent’s consent to act.
8. If the appointment of co-guardians is requested, please state the reasons why such appointment is necessary: **REASON FOR CO-GUARDIAN**.

WHEREFORE, Petitioner prays that the above-named person be appointed successor fiduciary and that letters issue accordingly.

In the event Petitioner is also the Proposed Guardian(s), Petitioner does by signature below consent to the appointment as Guardian and/or Conservator of the Ward.

Petitioner(s) state(s) that the foregoing is made on this **DAY** of **MONTH**, **YE**, under oath or affirmation, and its representations are true and correct to the best of petitioner’s knowledge and belief, subject to penalties of making a false affidavit or declaration.

\* All exhibits attached hereto and the attached Financial Statement are incorporated by reference herein and shall be under the aforestated oath or affirmation.

---

Petitioner's Signature

---

Co-Petitioner's Signature

---

Petitioner's Name (Typed)

---

Co-Petitioner's Name (Typed)

---

Petitioner's Street Address

---

Co-Petitioner's Street Address

---

City, State, Zip

---

City, State, Zip

---

Petitioner's Email

---

Co-Petitioner's Email

---

Attorney's Signature

---

Attorney's Name & Bar Number (Typed)

---

Attorney's Street Address

---

City, State, Zip

---

Phone Number with Area Code

---

Attorney's E-mail Address



In the matter of:

NAME OF WARD

No. Case Number

Incapacitated and/or Disabled.

**EXHIBIT A  
INTERESTED PERSONS**

**1. TRUSTS:**

Is there a trust where Ward is the grantor, qualified beneficiary or trustee or co-trustee?  Yes  No  
If so, the purpose of the trust is: PURPOSE OF TRUST

and the name(s) and address(es) of the presently acting trustee(s) is/are:

Name \_\_\_\_\_

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

Name \_\_\_\_\_

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

**2. POWER OF ATTORNEY:**

Has ward executed a durable power of attorney that is still in effect?  Yes  No The name(s) and address(es) of any agent appointed in said durable power of attorney is/are:

Name \_\_\_\_\_

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

Name \_\_\_\_\_

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

**Please file a copy of said durable power of attorney with the court. In the event the agent appointed in the durable power of attorney is not the proposed guardian or petitioner, the agent will need to be personally served with notice of the hearing or file a notarized waiver.**

**3. CO-OWNERS OF PROPERTY:**

Is the Ward co-owner of any property?  Yes  No If so, please list co-owners below:

Name \_\_\_\_\_

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

Name \_\_\_\_\_

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

**4. PARENTS OF WARD:**

Mother \_\_\_\_\_  Deceased

Address: \_\_\_\_\_ Date of Death \_\_\_\_\_

Father: \_\_\_\_\_  Deceased  
Address \_\_\_\_\_ Date of Death \_\_\_\_\_

**5. SPOUSE OF WARD:**

Name: \_\_\_\_\_  Deceased  
Address \_\_\_\_\_ Date of Death \_\_\_\_\_

**6. CHILDREN OF WARD:**

Name: \_\_\_\_\_  Minor  
Address \_\_\_\_\_ Date of Birth, \_\_\_\_\_  
if minor

Name: \_\_\_\_\_  Minor  
Address \_\_\_\_\_ Date of Birth, \_\_\_\_\_  
if minor

Name: \_\_\_\_\_  Minor  
Address \_\_\_\_\_ Date of Birth, \_\_\_\_\_  
if minor

Name: \_\_\_\_\_  Minor  
Address \_\_\_\_\_ Date of Birth, \_\_\_\_\_  
if minor

Name: \_\_\_\_\_  Minor  
Address \_\_\_\_\_ Date of Birth, \_\_\_\_\_  
if minor

**7. LIVING SIBLINGS OF WARD:**

Name: \_\_\_\_\_  Minor  
Address \_\_\_\_\_ Date of Birth, \_\_\_\_\_  
if minor

Name: \_\_\_\_\_  Minor  
Address \_\_\_\_\_ Date of Birth, \_\_\_\_\_  
if minor

Name: \_\_\_\_\_  Minor  
Address \_\_\_\_\_ Date of Birth, \_\_\_\_\_  
if minor

Name: \_\_\_\_\_  Minor  
Address \_\_\_\_\_ Date of Birth, \_\_\_\_\_  
if minor

**8. CLOSEST KNOWN RELATIVE:** \*Only complete if no family information is listed above.

Name: \_\_\_\_\_

Relationship to Ward: \_\_\_\_\_

Address \_\_\_\_\_

**9. GUARDIAN and/or CONSERVATOR:**

Has a guardian and/or conservator for Ward been appointed by any other court?  Yes  No If so, please list below:

Name: \_\_\_\_\_

Address \_\_\_\_\_

**10. GUARDIAN and/or CONSERVATOR OF:**

Has the proposed guardian been appointed by a court as guardian and/or conservator of any other persons?

Yes  No If so, please list below:

Name: \_\_\_\_\_ Cause Number: \_\_\_\_\_

---

**EXHIBIT B****INFORMATION FOR PROPOSED GUARDIANS AND CONSERVATORS AND CONSENT**

To help you perform your duties properly, described below are the general duties and obligations of a guardian and conservator.

1. Follow the advice of your attorney. Talk to your attorney before taking any action.
2. If you have been appointed guardian, you are responsible for the ward's person. As guardian, you have the duty to take charge of the person of the ward and to provide for the ward's care, treatment, habilitation, education, support and maintenance. Your powers and duties include: a) assuring that the ward lives in the best and least restrictive environment which is reasonably available; b) assuring that the ward receives medical care and other services that are needed; c) promoting and protecting the care, comfort, safety, health and welfare of the ward; and d) providing required consents on behalf of the ward. You will be required to file with the Probate Court a personal status report each year updating the information regarding the care, welfare and placement of your ward. The Court will mail or email you a Notice to File Annual Status Report and a blank copy of the Report on the anniversary of your appointment as Guardian. The completed Annual Status Report must be filed with the Court within thirty (30) days of the date that you receive the Notice. You may file the completed Report by email, postal mail or electronic filing through Missouri Casenet. If you do not have an email address, the Notice to File Annual Report and the copy of the Report will be sent to your last known home address. It is your responsibility to maintain a valid E-mail address and/or home address on file with the Probate Court. Failure to file the Report on time may result in your removal as Guardian.
3. If you have been appointed conservator, you are responsible for the ward's property. As conservator, you must take possession of your ward's property to the extent authorized by the Court. Missouri law requires that the property, income and bank accounts of the ward be kept separate from your own funds. If you are the conservator for more than one person you must maintain a separate account for each ward, even if they are your own children. You must invest the ward's funds according to law and you are personally liable for any imprudent or unauthorized investments. You may only spend the ward's funds for purposes authorized by state statute or Court order. You may apply for an order of continuing support and maintenance authorizing you to spend a budgeted sum each month for the ward. You will be required to file an annual accounting (called a settlement) showing in detail all receipts and expenditures occurring during the preceding year. Each entry must be explained and each expenditure must be authorized by statute or Court order. You may not sell, trade, lease, mortgage, transfer or discard your ward's property without Court approval, even though the ward is your child or other relative.
4. If you have been appointed both guardian and conservator, you are responsible for the ward's person and property. Your authority as guardian and/or conservator may be limited by the court order appointing you. You should consult with your attorney as to the extent of your authority.
5. In the event the ward dies or you or the ward move from one address to another, you have a duty to notify the Court in writing of such death or new address as soon as possible.
6. If the ward does not live with you, Missouri law requires that you visit the ward at least once a year.
7. If you fail to perform any of your duties as guardian and/or conservator, you can be removed as guardian and/or conservator and be personally liable for any loss or damage sustained by the ward by reason of your failure.

You are under a duty, at all times, to act in the best interests of your ward and to avoid conflicts of interest which impair your ability to act on your ward's behalf.



In the matter of:

\_\_\_\_\_ No. \_\_\_\_\_  
Incapacitated and/or Disabled.

**CONSENT OF PROPOSED GUARDIAN/CONSERVATOR**

1. List three persons who are not members of the proposed guardian’s household who will know the whereabouts of the proposed guardian (do not complete if requesting the public administrator be appointed):

Name: _____	Phone _____
Address _____	Number _____
Name: _____	E-mail _____
Address _____	Address _____
Name: _____	Phone _____
Address _____	Number _____
Name: _____	E-mail _____
Address _____	Address _____

2. State the Name of the Proposed Guardian’s spouse \_\_\_\_\_.

3. State the Name, Address, and Telephone Number of the Proposed Guardian’s Employer:

Name: _____	Phone _____
Address _____	Number _____

The undersigned has read and understands the **Information for Proposed Guardians and Conservators** as set out in this packet, and acknowledges receipt of a copy thereof. The undersigned does hereby consent to appointment by this court as Guardian and/or Conservator of Ward.

By signing this Consent, the undersigned does represent that he or she has never pled guilty to or been convicted of a misdemeanor or felony.

\_\_\_\_\_



In the matter of:

\_\_\_\_\_

No. \_\_\_\_\_

Incapacitated and/or Disabled.

**WAIVER AND CONSENT OF INTERESTED PERSON**

I, \_\_\_\_\_, am an Interested Person as defined under RSMo. § 475.010. By execution of this Waiver and Consent, I do hereby state the following:

- I have received a copy of the Petition for Appointment of Successor Guardian/Conservator
- I waive any Notice of Hearing to which I may be entitled and further waive any hearing on the Petition for Appointment of Successor Guardian/Conservator

I consent to the appointment of \_\_\_\_\_ as the successor guardian of \_\_\_\_\_

.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_



In the matter of:

\_\_\_\_\_

No. \_\_\_\_\_

Incapacitated and/or Disabled.

**EXHIBIT C – DESIGNATION OF RESIDENT AGENT**

I, \_\_\_\_\_, residing at \_\_\_\_\_

desiring to serve as guardian, co-guardian and/or conservator of the above named person, pursuant to Section 475.055 RSMo, hereby appoint \_\_\_\_\_ my agent for service of process upon me within the State of Missouri, concerning said matter.

Dated: \_\_\_\_\_

**ACCEPTANCE OF APPOINTMENT AS RESIDENT AGENT**

I, \_\_\_\_\_, residing at \_\_\_\_\_,

telephone number \_\_\_\_\_, having been appointed, pursuant to Section 475.055 RSMo, to act as agent for service of process on and receipt of notice to NAME OF CURRENT GUARDIAN within the State of Missouri, concerning the above matter, hereby acknowledge such appointment and consent to act as such agent and I will accept all service of process brought against ME OF CURRENT GUARDIAN, within the State of Missouri.

The undersigned swears that the matters set forth in the foregoing document are true and correct to the best knowledge and belief of the undersigned subject to the penalties of making a false affidavit or declaration.

Dated: \_\_\_\_\_



In the matter of:

**NAME OF WARD**

No. Case Number

Incapacitated and/or Disabled.

**FINANCIAL STATEMENT  
(Assets of the Ward only)**

**PERSONAL PROPERTY:**

Name of Bank	Type of Account (Checking, Savings, CD)	Current Value of Account
		\$
		\$
		\$
Name of Financial Institution	Type of Account (Brokerage, 401(k), IRA, etc.)	Current Value of Account
		\$
		\$
List All Vehicles – Year, Make, and Model For value use NADA Average Trade-in Value		Value of Vehicle*
		\$
		\$
Other		Value of Personal Property
		\$
		\$
	Total Personal Property	\$ <b>0.00</b>

**MONTHLY INCOME:**

Social Security (SSI & SSDI)	\$
Name of Representative Payee	
Veterans Benefits	\$
Name of Representative Payee	
Pension	\$
Source of Pension	
	\$
Interest and Dividends	\$
Other Income	\$
Source of Other Income	
<b>Total Monthly Income</b>	<b>\$ 0.00</b>

**REAL PROPERTY – MISSOURI AND OUT OF STATE:**

(List location by address and value)

	\$
	\$
	\$

## CONFIDENTIAL CASE FILING INFORMATION SHEET – PROBATE

**INSTRUCTIONS:**

- ✓ Complete this form for all parties known at the time of filing. Place a check in the box next to the appropriate Case Type and Party Type. If additional space is needed, complete additional Confidential Case Filing Information Sheets.

**NOTE:** Name; addresses; DOB; and Social Security Number should be listed for all parties on the case including heirs and interested parties if reasonably available. The **full** Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4.07 for each party in the case that is reasonably available. This is a confidential document. This information is needed to open a case in the court’s case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

In the matter of:

**NAME OF WARD**

No. **Case Number**

<p><b>Party Type Code:</b> <input type="checkbox"/> Petitioner</p> <p>Name (if a person): (Last) _____ (First) _____ (Middle) _____</p> <p>Organization (if non-person): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB _____ DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
<p><b>Party Type Code:</b> <input type="checkbox"/> Petitioner</p> <p>Name (if a person): (Last) _____ (First) _____ (Middle) _____</p> <p>Organization (if non-person): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB _____ DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
<p><b>Party Type Code:</b> <input type="checkbox"/> Designated Resident Agent</p> <p>Name (if a person): (Last) _____ (First) _____ (Middle) _____</p> <p>Organization (if non-person): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB _____ DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>

Submitted by: \_\_\_\_\_ Bar ID (required if attorney): \_\_\_\_\_

Address (if not shown above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\*IMPORTANT: It is the parties' responsibility to keep the court informed of any change of address or employment.\***