

**IN THE CHANCERY PROBATE COURT FOR SUMNER
COUNTY, TENNESSEE AT GALLATIN**

IN THE MATTER OF: _____)
CHILD(REN) _____) NO. _____
_____)

PETITION FOR GUARDIANSHIP

COMES NOW _____ AND _____
(PETITIONER(S))

WHO ARE RESIDENTS OF SUMNER COUNTY, TENNESSEE AND

WHOSE ADDRESS IS _____

AND PETITIONS THIS COURT FOR GUARDIANSHIP OF THE
____PERSON ____ESTATE (PLEASE CHECK ONE)

OF (CHILD(REN) OR ESTATE'S NAME) _____

1. THE AGE OF THE PETITIONER IS _____
2. THE PETITIONER'S RESIDENCE AND MAILING ADDRESS IS

3. THE RELATIONSHIP OF THE PETITIONER TO THE CHILD(REN)
IS _____
4. ***12 AND OLDER MUST APPEAR IN COURT**
***BIRTH CERTIFICATES (OR COPIES) ON ALL CHILDREN**
MUST BE SUBMITTED WITH PETITION

CHILD'S NAME: _____
DATE OF BIRTH: _____
PLACE OF BIRTH: _____

CHILD'S NAME: _____
DATE OF BIRTH: _____
PLACE OF BIRTH: _____

CHILD'S NAME: _____
DATE OF BIRTH: _____
PLACE OF BIRTH: _____

****PARENTS WILL BE NOTIFIED OF HEARING BY MAIL.
MUST GIVE COMPLETE ADDRESSES AND EMAIL ADDRESSES OF PARENTS.

5. THE NAME OF THE NATURAL MOTHER OF THE CHILD(REN) IS _____ AND THE MAILING ADDRESS OF THE NATURAL MOTHER IS ** _____ EMAIL ADDRESS: _____

6. THE NAME OF THE NATURAL FATHER OF THE CHILD(REN) IS _____ AND THE MAILING ADDRESS OF THE NATURAL FATHER IS ** _____ EMAIL ADDRESS: _____

7. THE CHILD(REN) IS/ARE IN THE CUSTODY OF _____ AND WHOSE MAILING ADDRESS IS _____

8. THE NAME OF THE CLOSEST KIN RELATIVE IS _____ AND HIS/HER MAILING ADDRESS IS _____

9. PLEASE EXPLAIN THE REASON FOR SEEKING GUARDIANSHIP: _____

10. LIST ANY ASSETS (IF NONE, WRITE NONE) OF THE CHILD(REN):

PROPERTY OR LAND _____

BANK ACCOUNTS, CDS, ETC. _____

MONTHLY CHECKS RECEIVED FOR THE USE AND BENEFIT OF THE CHILD(REN) _____

11. A DESCRIPTION OF THE PROPOSED PLAN FOR MANAGEMENT OF THE MINOR'S PROPERTY IS: **(THIS APPLIES ONLY IF YOU ARE APPLYING TO BE GUARDIAN OF THE ESTATE)**

_____ ATTACHED _____ NOT ATTACHED

PETITIONER(S) ASKS:

THAT PROPER SERVICE OF PROCESS BE MADE IF NECESSARY AND THIS MATTER BE SET FOR A HEARING (BY ZOOM).

THAT _____ BE APPOINTED GUARDIAN OF:

___ THE PERSON ___ THE ESTATE (PLEASE CHECK ONE)

OF (CHILDREN) OR ESTATE'S NAME)

THAT GENERAL RELIEF BE GRANTED.

PETITIONER(S) NAME(S):

PHONE NUMBER(S):

EMAIL ADDRESS:

**STATE OF TENNESSEE
COUNTY OF SUMNER**

_____, BEING FIRST DULY SWORN, DO HEREBY MAKE OATH THAT THE FACTS SET FORTH IN THE FOREGOING PETITION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. ANY AND ALL ABOVE REQUIRED INFORMATION HAS BEEN PROVIDED BY PETITIONER TO THE COURT BEFORE SCHEDULED HEARING DATE.

PETITIONER(S)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____.

DEPUTY COURT CLERK

NOTICE OF HEARING

THIS PETITION FOR GUARDIANSHIP IS SCHEDULED TO BE HEARD ON

BY THE SUMNER COUNTY CHANCERY COURT BY ZOOM
VIDEOCONFERENCE.

ZOOM HEARING INSTRUCTIONS:

TO PARTICIPATE IN THIS HEARING YOU ARE REQUIRED TO SUBMIT A WORKING EMAIL ADDRESS TO THE COURT AT sumnerclerkandmastersoffice@tncourts.gov AT LEAST TWO (2) BUSINESS DAYS IN ADVANCE OF THE HEARING. IF YOU DO NOT HAVE ACCESS TO A COMPUTER, TABLET OR SMART PHONE WITH A WORKING CAMERA, MICROPHONE AND SPEAKER, PLEASE CONTACT OUR OFFICE AT 615-452-4282 AT LEAST TWO (2) DAYS PRIOR TO THE ABOVE HEARING DATE.

CERTIFICATE OF SERVICE

I do hereby certify that a true and exact copy of the foregoing Petition For Guardianship has been mailed USPS postage prepaid and/or emailed to the following:

ON THIS _____ DAY OF _____, 20_____.

_____ D.C.