



## Union County Surrogate's Court

Christopher E. Hudak, Esq. Surrogate

### Information Sheet for Guardianship of a Minor

Original Birth Certificate and Original Social Security card/ITIN is needed to prepare paperwork

**PLEASE PRINT OR TYPE**

MINOR'S NAME:

*As It Appears on Social Security Card:*

\_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ (Required)

ADDRESS:

\_\_\_\_\_

CITY/TOWN:

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AGE: \_\_\_\_\_

Net Recovery/Value of Estate \_\_\_\_\_ Please fax the Order or Judgment if applicable.

Reason for Guardianship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
*Eg: Personal injury settlement, insurance beneficiary, other.*

NAME(S) & ADDRESS(ES) OF GUARDIAN: (Mandatory)

NAME

ADDRESS

CITY/STATE

PHONE #

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Next of Kin: Begin with spouse and children (mother of minor children). If none, include parents and/or siblings. Indicate if they will be renouncing (use reverse side if necessary) Use additional sheet if necessary.

List everyone in the household with minor and other next of kin not living with minor

NAME

RELATIONSHIP

ADDRESS

MINOR (AGE)

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Method of Payment: Cash, check, credit card /Attorney Charge

NAME, ADDRESS & PHONE # OF ATTORNEY:

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MINOR ACCOUNTS HAVE TWO OPTIONS:

- 1) The money is to be held by the Surrogate Court in the Intermingled Trust Fund.  
*(Court orders usually require this)*
- 2) The Guardian(s) must be bonded for the full amount for the term of the minor until he/she reaches their majority unless the court order requires that the Surrogate Court hold the money.

**ALL CHECKS FOR MINOR'S FUNDS MUST BE MADE PAYABLE TO:**

**THE SURROGATE OF UNION COUNTY FOR THE BENEFIT OF  
(NAME OF THE MINOR CHILD).**

AN APPOINTMENT IS NECESSARY TO PREPARE ALL PAPERWORK

Additional Correspondence may be addressed to:

Christopher E. Hudak, Surrogate of Union County  
Union County Court House  
2 Broad Street  
Old Annex, 2<sup>nd</sup> Floor  
Elizabeth, New Jersey 07207

**ADDITIONAL CONTACT INFORMATION**

**Kim Leonardo, Guardianship Accounts**

Phone: (908) 527-4280 Fax: (908) 351-9212

[www.ucnj.org/surrogate](http://www.ucnj.org/surrogate)

[ucsurrogate@ucnj.org](mailto:ucsurrogate@ucnj.org)

Guardianship: \$50.00

Certificates \$5.00 each

Consents: \$5.00 each

**(\$5.00 for every additional page thereafter)**

COPY OF COURT ORDER MUST ACCOMPANY THE APPLICATION FORM IF APPLICABLE AND  
**MUST MATCH MINOR'S NAME ON SOCIAL SECURITY CARD**

**\*\*\*Please indicate if you are going to be Bonded or if the Court is going to be holding the monies if there is no Court Order\*\*\***