

MIDDLESEX COUNTY SURROGATE COURT
Incapacitated Guardianship Information Sheet
Tel. (732)745-3055 Email: surrogate@co.middlesex.nj.us

Please ONLY submit this form if requesting a satellite appointment in Monroe or Woodbridge, please check which below. If interested in a New Brunswick Appointment, please call our main line.

Monroe _____ Woodbridge _____

Name of Incapacitated Person: _____

Address of Incapacitated Person _____
City State Zip

Date of Birth: _____ SS# _____

Name and Address of Guardian(s): _____

Telephone Number of Guardian(s): _____

Relationship of Guardian to Incapacitated Person: _____

(Add additional page to list all guardians, if necessary)

Have you completed the Court appointed guardian video tutorial? Yes _____ No _____

Are you aware of your annual reporting requirements as guardian? Yes _____ No _____

Date of Superior Court Judgment of Incapacity: _____

Total Number of Guardianship Certificates Requested: _____

Name, Address, & Phone Number of Attorney (if being represented): _____

***Please send a copy of the judgment of incapacity when submitting this information sheet.**

For an in-person appointment, issued papers will be received 2-3 weeks after the appointment.