

**NICKI A. BURKE, Surrogate**

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Surrogate of Salem County

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**GUARDIAN OF A MINOR - PROPERTY ONLY "APPLICANT" FACT SHEET**

Guardianship of Property Only–Deposit to Salem County Surrogate’s Intermingled Account (SITF)

Applicant pages 1 – 3

Office Hours: Monday – Friday 8:30 AM to 4:30 PM

Satellite office hours & evening hours – please contact our office for current evening & satellite information

Date \_\_\_\_\_

Surrogate’s Court Docket Number: SLM- \_\_\_\_\_

Superior Court Docket Number from Order: \_\_\_\_\_

(you will have only if deposit is superior court ordered)

Surrogate’s Court staff SEARCH name in Bluestone before proceeding

**NAME OF MINOR**

\_\_\_\_\_

**MUST** be name as it appears on <sup>1</sup>birth certificate & <sup>2</sup>social security card

(if they don’t have these documents can update later in certain instances)

Address of minor: \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Social Security# \_\_\_\_\_

Amount for deposit: \$ \_\_\_\_\_

where are the funds coming from: estate, court ordered, etc...? \_\_\_\_\_

\_\_\_\_\_

Name (legal names), address, phone number, and relationship to minor: (include all siblings)

**MOTHER:**

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

if deceased, need date of death: \_\_\_\_\_

Acting as Guardian of the Property

or Consenting to another - Consent is required if not acting, unless the court order specifically waives the requirement by the Surrogate.

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

- Cell: (\_\_\_\_\_) \_\_\_\_\_
- Other phone: (\_\_\_\_\_) \_\_\_\_\_
- Address: \_\_\_\_\_
- \_\_\_\_\_
- E-mail: \_\_\_\_\_

**FATHER:**

- Name: \_\_\_\_\_
- if deceased, need date of death: \_\_\_\_\_
- Acting as Guardian of the Property
- or Consenting to another - Consent is required if not acting, unless the court order specifically waives the requirement by the Surrogate.
- Phone: (\_\_\_\_\_) \_\_\_\_\_
- Cell: (\_\_\_\_\_) \_\_\_\_\_
- Other phone: (\_\_\_\_\_) \_\_\_\_\_
- Address: \_\_\_\_\_
- \_\_\_\_\_
- E-mail: \_\_\_\_\_

**NAME** (if guardian to be appointed is other than parent(s):

- Name: \_\_\_\_\_
- Acting as Guardian of the Property
- or Consenting to another - Consent is required if not acting, unless the court order specifically waives the requirement by the Surrogate.
- Phone: (\_\_\_\_\_) \_\_\_\_\_
- Cell: (\_\_\_\_\_) \_\_\_\_\_
- Other phone: (\_\_\_\_\_) \_\_\_\_\_
- Address: \_\_\_\_\_
- \_\_\_\_\_
- E-mail: \_\_\_\_\_

**NAME** (if guardian to be appointed is other than parent(s):

- Name: \_\_\_\_\_
- if deceased, need date of death: \_\_\_\_\_
- Acting as Guardian of the Property
- or Consenting to another - Consent is required if not acting, unless the court order specifically waives the requirement by the Surrogate.
- Phone: (\_\_\_\_\_) \_\_\_\_\_
- Cell: (\_\_\_\_\_) \_\_\_\_\_
- Other phone: (\_\_\_\_\_) \_\_\_\_\_
- Address: \_\_\_\_\_
- \_\_\_\_\_
- E-mail: \_\_\_\_\_

**RELATIVES OF MINOR:**

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

Age: \_\_\_\_\_

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

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

Relationship to minor: \_\_\_\_\_

Age: \_\_\_\_\_

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

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

Relationship to minor: \_\_\_\_\_

Age: \_\_\_\_\_

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

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

Relationship to minor: \_\_\_\_\_

Age: \_\_\_\_\_

**REQUIRED DOCUMENTS:**

- 1.  Photocopy of the minor's birth certificate
- 2.  Photocopy of the minor's Social Security card
- 3A.  File-stamped copy of SUPERIOR COURT ORDER, if applicable (friendly hearing)

**OR**

3A.  ORDER FOR DEPOSIT OF FUNDS IN LIEU OF FILING BOND... Surrogate's Court will prepare and present to Superior Court Probate Judge for signature.

**FEES:**

- Check/money order/cash payable to: Salem County Surrogate's Court  
\*please contact our office for correct fee  
\*Salem County does not presently accept debit or credit cards

**Guardianship packet \$ 50.00**

- Guardianship of a Minor – Property Only \$50.00
- N/A or Order: pages @ \$5.00 per page:  \$ \_\_\_\_\_
- N/A or Consent(s) \$5.00 per page \$ \_\_\_\_\_ for 1<sup>st</sup> consent, \$3.00 each additional

ATTORNEY INFORMATION:

Attorney's Name: \_\_\_\_\_

Firm: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_

**\*Surrogate's Court staff before proceeding with Guardianship, attach SITF "staff" instructions located at:**

AA-SITF/11-pamphlets & FACT sheets/SITF-new accts-property/1A-SITF FACT sheet –Property only – Staff pages 1 to 4