

# CIVIL FILING STATEMENT

## ("IN THE MATTER OF" Cases)

IN THE MATTER OF: \_\_\_\_\_

**Please check the participant role you are filing on behalf**  
 Complete a form for *each* additional Participant  
*This Statement is not retained in the court file.*

### Trust Estate

- Trustee
- Trustor
- Name of Trust
- Other \_\_\_\_\_

### Adoption/Termination of Parental Rights

- Birth Name
- Adoptive parent
- Birth Mother
- Birth Father
- Other \_\_\_\_\_

### Involuntary Committal

- Alleged Alcoholic/Drug abuser
- Petitioner
- Other \_\_\_\_\_

### Mental Illness

- Alleged Mentally Ill Person
- Petitioner
- Other \_\_\_\_\_

### Civil

- Petitioner
- Other \_\_\_\_\_

### Probate

- Deceased
- Personal Representative
- Other \_\_\_\_\_

### Guardianship/Conservatorship

- Minor
- Person alleged to need protection
- Guardian Ad Litem
- Other \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last
First
Middle
Suffix

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address is same as physical address  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
mm
dd
yyyy

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ and/or Drivers license # \_\_\_\_\_ State \_\_\_\_\_

**Attorney:** \_\_\_\_\_  
Last
First
Phone #

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check box  
 if Mailing  
 Address is  
 same as  
 physical  
 address