

**16th JUDICIAL CIRCUIT
NEW CASE PROBATE INFORMATION SHEET**

Case No. _____

Plaintiff/Petitioner	Defendant/Respondent	File Stamp
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(PLEASE TYPE OR PRINT)

1. Case Type: **Probate**
2. Description: _____
3. **Deceased Disabled Person Minor/Guardian**

Name: _____
 (Last) (First) (M.I.)

Attorney Registration Number: _____

Attorney's Name: _____
 (Last) (First) (M.I.)

Date of Death (if deceased): _____
 (Month/Day/Year)

Type of Administration: **Supervised Independent**

Date of Birth: _____
 (Month/Day/Year)

4. Please give the complete name, address, zip code and title of your nominee(s) for:
 Executor Administrator Guardian

Name: _____
 (Last) (First) (M.I.)

Address: _____

City, State, Zip: _____

5. List all heirs, first name, middle initial, last name below:

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