

CHANCERY (PROBATE) COURT SUMNER COUNTY, TENNESSEE AT GALLATIN  
PETITION FOR GUARDIANSHIP INFORMATION

-The filing fee is \$269.50, payable by cash, money order or cashier's check. Personal checks are not accepted by the Court. Credit/Debit Cards are accepted, however a \$4.00 or 4% (whichever is greater) handling fee is charged by card service.

-Children 12 years of age and older must appear in Court with the petitioners.

-Birth Certificates (or copies) of all children must be submitted with the petition.

-The court must give a two week notice of hearing to Natural Mother and Natural Father of the children.

-Our address:

100 Public Square, Room 400

Gallatin, TN 37066

(615) 451-6036

Monday – Friday 8:00am – 4:30pm

Thank you,

IN THE CHANCERY PROBATE COURT FOR SUMNER  
COUNTY, TENNESSEE AT GALLATIN

IN THE MATTER OF: \_\_\_\_\_ )  
CHILD(REN) \_\_\_\_\_ ) NO. \_\_\_\_\_ )  
\_\_\_\_\_ )

**PETITION FOR GUARDIANSHIP**

COMES NOW \_\_\_\_\_ AND \_\_\_\_\_  
(PETITIONER(S))

WHO ARE RESIDENTS OF SUMNER COUNTY, TENNESSEE AND

WHOSE ADDRESS IS \_\_\_\_\_

AND PETITIONS THIS COURT FOR GUARDIANSHIP OF THE  
\_\_\_\_ PERSON \_\_\_\_ ESTATE (PLEASE CHECK ONE)

OF (CHILD(REN) OR ESTATE'S NAME) \_\_\_\_\_

1. THE AGE OF THE PETITIONER IS \_\_\_\_\_
2. THE PETITIONER'S RESIDENCE AND MAILING ADDRESS IS \_\_\_\_\_
3. THE RELATIONSHIP OF THE PETITIONER TO THE CHILD(REN)  
IS \_\_\_\_\_

4. CHILD'S NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_

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DATE OF BIRTH: \_\_\_\_\_  
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CHILD'S NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_

**\*\*PARENTS WILL BE NOTIFIED OF HEARING BY MAIL.  
\*\*MUST GIVE COMPLETE ADDRESSES OF PARENTS.**

5. THE NAME OF THE NATURAL MOTHER OF THE CHILD(REN)  
IS \_\_\_\_\_ AND THE MAILING ADDRESS OF THE  
NATURAL MOTHER IS \*\* \_\_\_\_\_  
\_\_\_\_\_

6. THE NAME OF THE NATURAL FATHER OF THE CHILD(REN)  
IS \_\_\_\_\_ AND THE MAILING ADDRESS OF THE  
NATURAL FATHER IS \*\* \_\_\_\_\_  
\_\_\_\_\_

7. THE CHILD(REN) IS/ARE IN THE CUSTODY OF \_\_\_\_\_  
AND WHOSE MAILING ADDRESS IS \_\_\_\_\_  
\_\_\_\_\_

8. THE NAME OF THE CLOSEST KIN RELATIVE IS \_\_\_\_\_  
AND HIS/HER MAILING ADDRESS  
IS \_\_\_\_\_  
\_\_\_\_\_

9. PLEASE EXPLAIN THE REASON FOR SEEKING  
GUARDIANSHIP: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. LIST ANY ASSETS (IF NONE, WRITE NONE) OF THE CHILD(REN):

PROPERTY OR LAND \_\_\_\_\_  
\_\_\_\_\_

BANK ACCOUNTS, CDS, ETC. \_\_\_\_\_  
\_\_\_\_\_

MONTHLY CHECKS RECEIVED FOR THE USE AND BENEFIT OF THE  
CHILD(REN) \_\_\_\_\_  
\_\_\_\_\_

11. A DESCRIPTION OF THE PROPOSED PLAN FOR MANAGEMENT OF  
THE MINOR'S PROPERTY IS: (THIS APPLIES ONLY IF YOU ARE  
APPLYING TO BE GUARDIAN OF THE ESTATE)

\_\_\_\_\_ ATTACHED \_\_\_\_\_ NOT ATTACHED

**PETITIONER(S) ASKS:**

THAT PROPER SERVICE OF PROCESS BE MADE IF NECESSARY AND THIS MATTER BE SET FOR A HEARING.

THAT \_\_\_\_\_ BE APPOINTED GUARDIAN OF:

\_\_\_ THE PERSON \_\_\_ THE ESTATE (PLEASE CHECK ONE)

OF (CHILD(REN) OR ESTATE'S NAME)

\_\_\_\_\_ THAT GENERAL RELIEF BE GRANTED.

PETITIONER(S) NAME(S):

\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER(S):

\_\_\_\_\_

**STATE OF TENNESSEE  
COUNTY OF SUMNER**

\_\_\_\_\_, BEING FIRST DULY SWORN, DO HEREBY MAKE OATH THAT THE FACTS SET FORTH IN THE FOREGOING PETITION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
\_\_\_\_\_  
PETITIONER(S)

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
DEPUTY COURT CLERK

**THIS MATTER IS SET TO BE HEARD ON \_\_\_\_\_ OF \_\_\_\_\_, \_\_\_\_\_ AT \_\_\_\_\_ A.M. IN THE SUMNER COUNTY CHANCERY COURT, 100 PUBLIC SQUARE, 3<sup>RD</sup> FLOOR COURTROOM, GALLATIN TN 37066.**



CERTIFICATE OF SERVICE

I do hereby certify that a true and exact copy of the foregoing Petition for Guardianship with notice of hearing has been mailed postage pre-paid to the following:

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on this \_\_\_\_\_ day of \_\_\_\_\_, 2015

\_\_\_\_\_  
Deputy Clerk