

# SOMERSET COUNTY SURROGATE'S COURT



## SOMERSET COUNTY MINOR'S CASE INFORMATION FORM

Name of Minor \_\_\_\_\_

Residence \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Amount to be deposited \_\_\_\_\_

Money coming from:

Court Order \_\_\_\_\_ Insurance \_\_\_\_\_ Other (specify) \_\_\_\_\_

**PLEASE SUBMIT COPY OF BIRTH CERTIFICATE AND ORDER (IF APPLICABLE)**

Name and address of guardian(s)

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

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Next of Kin	Relationship	Address
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_____	<u>Father</u>	_____
		_____

_____	<u>Mother</u>	_____
		_____

Attorney of Record \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**Fax (908-575-3965) or Email ([surrogatesoffice@co.somerset.nj.us](mailto:surrogatesoffice@co.somerset.nj.us)) completed Case Information form, copy of birth certificate and order (if applicable)**