

Use this form to tell the court that you have a concern about the safety, health, or financial welfare of the ward, minor ward, or protected person.

If you are printing the form and handwriting the answers, check the first box. If you are typing in your answers, check the second box.

Enter the case
number.

Describe the facts that lead you to believe the ward, minor ward, protected person's safety, health, or financial welfare are not being taken care of.

Completing the Application and Affidavit for Intervention

DO NOT Sign and date the form until a notary is there to witness. Enter your printed name, your address, telephone number, and your email address.

If completed by
an attorney, enter
your Bar Number.

The notary will complete this section WHEN they witness you signing the form.

I understand that any interested person that submits an affidavit under this section
in bad faith, or submits an affidavit that the court determines lacks a factual basis,
shall be ordered to pay the opposing party reasonable attorney's fees and costs.

Signature: _____ Date: _____

Printed Name: _____

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

If completed by an attorney:
Bar Number: _____

State of _____)
) ss.
County of _____)

This document was acknowledged before me by _____ ,
this _____ day of _____ , 20____ .

_____ Notary commission expires: _____

Signature of Judge/Clerk of the Court/Notary Public

Title: _____ Serial Number (if any): _____