



9. You **MUST** list two people who do not live with you, who will know how to contact you and the Minor at all times.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Relationship to you

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Relationship to you

ADDITIONAL COMMENTS:

*You are under a duty to notify the Court immediately if there are any substantial changes in the Minor's wellbeing, the Minor's address, or your address or telephone number.*

THE STATEMENTS AND REPRESENTATIONS IN THIS DOCUMENT ARE MADE UNDER OATH AND ARE TRUE AND CORRECT TO MY BEST KNOWLEDGE AND BELIEF. I UNDERSTAND THEY ARE MADE SUBJECT TO THE PENALTIES OF MAKING FALSE AFFIDAVIT OR DECLARATION.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Print Name of Guardian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**Return to:**  
**Cass County Circuit Court**  
**ATTENTION: Probate**  
**2501 W. Mechanic**  
**Harrisonville, Mo 64701**  
**816-380-8217**  
**Cass.Div4@courts.mo.gov**