

GUARDIANSHIP INTAKE FORM

INFORMATION:

NAME OF PROSPECTIVE GUARDIAN/CUSTODIAN #1 _____

RACE _____ BIRTHPLACE (City, County, State or Foreign Country) _____ DOB: _____

NAME OF PROSPECTIVE GUARDIAN/CUSTODIAN #2 _____ DOB: _____

RACE _____ BIRTHPLACE (City, County, State or Foreign Country) _____

MAIDEN NAME _____ DATE OF MARRIAGE _____ PLACE OF MARRIAGE _____

RELATIONSHIP TO MINOR(S): _____ ARE YOU A GUARDIAN FOR ANYONE ELSE? _____

CHILD(REN) [or INCAPACITATED ADULT] INFORMATION:

CHILD'S NAME _____ SSN _____ RACE _____ SEX _____

DATE OF BIRTH _____ BIRTHPLACE (City, County, State) _____

SINCE WHAT DATE/HOW LONG HAS CHILD RESIDED WITH YOU? _____

CHILD'S NAME _____ RACE _____ SEX _____

DATE OF BIRTH _____ BIRTHPLACE (City, County, State) _____

SINCE WHAT DATE/HOW LONG HAS CHILD RESIDED WITH YOU? _____

NATURAL PARENTS INFORMATION:

FULL NAME OF NATURAL FATHER _____

ADDRESS _____

FULL NAME OF NATURAL MOTHER _____

ADDRESS _____

QUESTIONS:

YES NO EXPLANATION

PARENTS CONSENT TO GUARDIANSHIP/CUSTODY? _____

REASON GUARDIANSHIP IS SOUGHT? _____

APPROXIMATE VALUE AND DESCRIPTION OF PROPERTY OR INCOME OF CHILD: _____