

MINOR GUARDIANSHIP

QUESTIONNAIRE

Please fill out the information in this form to the best of your ability. It will help us prepare the guardianship forms for you.

A. INFORMATION ABOUT THE MINOR:

1. Full name _____
2. Age _____
3. Date of birth _____
4. Address _____
5. Description of Alleged Incapacity and Reason for Alleged Incapacity _____

B. INFORMATION ABOUT PROPOSED GUARDIAN:

1. Full name _____
2. Age _____
3. Date of birth _____
4. Address _____
- Mailing Address (If different from above) _____
5. Social Security Number _____
6. Date of birth _____
7. Relationship to Ward: _____

C. INFORMATION ABOUT PROPOSED CO-GUARDIAN:

1. Full name _____
2. Age _____
3. Date of birth _____
4. Address _____
- Mailing Address (If different from above) _____
5. Social Security Number _____

6. Date of birth _____

7. Relationship to Ward: _____

D. LIST NAMES, ADDRESSES, AND PHONE NUMBERS OF ANY AND ALL OF THE FOLLOWING THE WARD MAY CURRENTLY HAVE:

1. Fiduciary _____

2. Trustee _____

3. Appointed health care representative

4. Agent/ Power of Attorney

5. Treating physician

6. Any other care providers

_____	_____
_____	_____
_____	_____

7. Any others with information that the Ward is incapacitated (provide documentation for the court)

_____	_____
_____	_____
_____	_____

E. Do you proposed to place Ward in a mental health treatment facility? _____

D. Have you ever filed bankruptcy? _____ If so, when? _____ Where? _____

E. Have you ever been convicted of a crime? _____ If so, what was the nature of it? _____

F. Relatives of the Ward. Please list the name and address of the following individual relatives of the Ward:

PARENTS:

MOTHER _____

ADDRESS _____

Does she consent to the guardianship? _____

FATHER _____

ADDRESS _____

Does she consent to the guardianship? _____

OTHER:

Any other persons who may have claim of custody/ visitation: _____

Reason for the need of guardianship:

Where does the minor currently live and with who:

Fill out the chart below showing where the minor child has lived and who with since birth/ in the last 5 years:

People Paralegal

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Resided with	Address	Dates
(Mother and Father)	123 Example Street Town, State Zip	Birth – 11/17/16 (for example)

Save this document to your computer and email it to me as an attachment to: denise@peopleparalegal.com

Thank you!