

CLIENT QUESTIONNAIRE
GUARDIANSHIP

YOUR INFORMATION:

Name: _____
(First) (Middle) (Last)

Maiden name, if applicable: _____

Address: _____

Phone number: _____ / _____ / _____
(Cell) (Home) (Work)

NOTE: If we are NOT to call a certain number, please indicate which one(s).

What is the best time/number to call you? _____

Email address: _____ (Please indicate if it is not ok to send emails to this address)

Social security number: _____

Date of birth: _____

State born in: _____

Employer: _____

Address of employer: _____

Hourly rate of pay/hours per week: _____

Relationship to Child you are seeking guardianship for: _____

Minor child(ren) seeking a guardianship for:

First, middle initial, last name:	Age:	Gender:	DOB:	Place of birth:	Social security #:

Child(ren)'s Residence for the past five years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child

PARENT'S INFORMATION:

MOTHER:

Name: _____
(First) (Middle) (Last)

Maiden name, if applicable: _____

Address: _____

Phone number: _____ (cell) _____ (home) _____ (work)

Email Address: _____

Social security number: _____

Date of birth: _____

State born in: _____

Employer: _____

Address of employer: _____

Hourly rate of pay/hours per week: _____

FATHER:

Name: _____
(First) (Middle) (Last)

Address: _____

Phone number: _____ (cell) _____ (home) _____ (work)

Social security number: _____

Date of birth: _____

State born in: _____

Employer: _____

Address of employer: _____

Hourly rate of pay/hours per week: _____

Please list anyone else that may have rights or custody to the child(ren):

Name	Address	Social Security Number	Date of Birth

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INFORMATION REGARDING CHILD(REN)'S ASSETS AND DEBTS

REAL ESTATE

Address/Description	How title is held (who's name is on the title)	Current value	Debt against

VEHICLES

Description (Year/Make)	How title is held (who's name is on the title)	Current value	Debt against

LIFE INSURANCE or LIFE INSURANCE POLICY CHILD(REN) ARE BENEFICIARIES OF

Company name/ Policy number	Policy owner	Any cash value (if so how much?)

SECURITIES (IRA's, ANNUITIES, RETIREMENT ACCOUNTS)

Description (Company name & account number, if applicable)	Owner of account	Current value	Debt against

BANK ACCOUNTS

Bank/ Account number	Name on account	Current balance

HOUSEHOLD CONTENTS

Description	How title is held	Current value	Debt against
Furniture			
Appliances			

OTHER ASSETS (EX. JEWELRY, GUNS, TOOLS, COMPUTER, MACHINERY, ETC.)

Description	How title is held (who's name is on the title)	Current value	Debt against

OTHER DEBTS NOT LISTED ABOVE

Creditor/Institution to which debt is owed	Name debt is in	Amount of debt