

**CLIENT INFORMATION**

**(Information for First Client if seeking co-guardianship)**

NAME: \_\_\_\_\_

First
Middle
Last

MAILING ADDRESS: \_\_\_\_\_

Street
City, State
Zip

PHYSICAL ADDRESS: \_\_\_\_\_

Street
City, State
Zip

PHONE NUMBERS: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

(CELL) \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_

Street
City, State
Zip

E-MAIL ADDRESS: \_\_\_\_\_

WHAT IS YOUR RELATIONSHIP TO THE PERSON YOU WANT GUARDIANSHIP OVER? \_\_\_\_\_

DO YOU WANT TO COMMUNICATE BY E-MAIL? \_\_\_\_\_

DO YOU WANT TO RECEIVE DOCUMENTS BY E-MAIL? \_\_\_\_\_

**CLIENT INFORMATION**

**(Information for Other Client if seeking co-guardianship)**

NAME: \_\_\_\_\_

First
Middle
Last

MAILING ADDRESS: \_\_\_\_\_

Street
City, State
Zip

PHYSICAL ADDRESS: \_\_\_\_\_

Street
City, State
Zip

PHONE NUMBERS: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

(CELL) \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_  
Street City, State Zip

E-MAIL ADDRESS: \_\_\_\_\_

WHAT IS YOUR RELATIONSHIP TO THE PERSON YOU WANT GUARDIANSHIP OVER? \_\_\_\_\_

DO YOU WANT TO COMMUNICATE BY E-MAIL? \_\_\_\_\_

DO YOU WANT TO RECEIVE DOCUMENTS BY E-MAIL? \_\_\_\_\_

**BIOLOGICAL MOTHER'S INFORMATION**

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

PHYSICAL ADDRESS: \_\_\_\_\_  
(Street) (City, State, Zip Code)

MAILING ADDRESS: \_\_\_\_\_  
(Street) (City, State, Zip Code)

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_  
(Street) (City, State, Zip Code)

PHONE NUMBERS: (HOME) \_\_\_\_\_

(WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

PHYSICAL DESCRIPTION:

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

RACE: \_\_\_\_\_ DISTINGUISHING MARKS: \_\_\_\_\_

\_\_\_\_\_

VEHICLE DESCRIPTION:

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_



MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

**BIOLOGICAL FATHER'S INFORMATION**

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

PHYSICAL ADDRESS: \_\_\_\_\_  
(Street) (City, State, Zip Code)

MAILING ADDRESS: \_\_\_\_\_  
(Street) (City, State, Zip Code)

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_  
(Street) (City, State, Zip Code)

PHONE NUMBERS: (HOME) \_\_\_\_\_

(WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

**PHYSICAL DESCRIPTION:**

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

RACE: \_\_\_\_\_ DISTINGUISHING MARKS: \_\_\_\_\_

\_\_\_\_\_

**VEHICLE DESCRIPTION:**

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

**CHILDREN INFORMATION**

**(only for children you are seeking guardianship of)**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
First Middle Last

SOCIAL SECURITY NUMBER: \_\_\_\_\_ GENDER: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
First Middle Last



SOCIAL SECURITY NUMBER: \_\_\_\_\_ GENDER: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
          First           Middle           Last

SOCIAL SECURITY NUMBER: \_\_\_\_\_ GENDER: \_\_\_\_\_

EVERY ADDRESS THE CHILDREN HAVE RESIDED IN THE LAST 5 YEARS, DATES AT EACH ADDRESS (INCLUDING CITY, STATE AND ZIP CODE), AND WHO THE CHILDREN LIVED WITH:

---

---

---

---

---

---

---

---

**OTHER CHILDREN INFORMATION**

(for other children in your household)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
          First           Middle           Last

SOCIAL SECURITY NUMBER: \_\_\_\_\_ GENDER: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
          First           Middle           Last

SOCIAL SECURITY NUMBER: \_\_\_\_\_ GENDER: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
          First           Middle           Last

SOCIAL SECURITY NUMBER: \_\_\_\_\_ GENDER: \_\_\_\_\_

WHO HAS CUSTODY OF THE CHILDREN NOW BY COURT ORDER? \_\_\_\_\_

ARE THE CHILD'S PARENTS MARRIED RIGHT NOW? \_\_\_\_\_

IF NOT, ARE PARENTS DIVORCED? \_\_\_\_\_

DATE OF DIVORCE: \_\_\_\_\_

REASON FOR DIVORCE: \_\_\_\_\_

CITY, COUNTY AND STATE OF DIVORCE: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_



IF THE PARENTS WERE NOT DIVORCED, WHERE THEY EVER MARRIED? \_\_\_\_\_

WAS A PATERNITY CASE EVER FILED? \_\_\_\_\_

HAS ANY ORDER EVER BEEN ENTERED REGARDING CUSTODY, VISITATION OR CHILD SUPPORT? \_\_\_\_\_

WHAT KIND OF ORDER HAS EVER BEEN ENTERED REGARDING THE CHILD(REN)? \_\_\_\_\_

DATE ORDER WAS ENTERED: \_\_\_\_\_

CITY, COUNTY AND STATE OF ORDER: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

REASON WHY YOU ARE SEEKING GUARDIANSHIP:

---

---

---

---

---

---

WHO REFERRED YOU TO THIS OFFICE? \_\_\_\_\_

