

# MINOR GUARDIANSHIP QUESTIONNAIRE

## CHILD INFORMATION

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Child's Gender: \_\_\_\_\_

Does the child have any Native American Heritage?  Yes  No  Unknown

If yes, name of tribe: \_\_\_\_\_

If the child has siblings, please list their information below:

Name	Date of Birth	Caregiver
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Education

School: \_\_\_\_\_ Address: \_\_\_\_\_

Daycare provider: \_\_\_\_\_ Address: \_\_\_\_\_

## Medical/Dental/Mental Health

Name of Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Name of therapist: \_\_\_\_\_

Address: \_\_\_\_\_

**PARENT INFORMATION**

**PARENT #1**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

List other names previously used by Parent #1: \_\_\_\_\_  
\_\_\_\_\_

Name of spouse, if married: \_\_\_\_\_

Has the parent ever been involved with Child Protective Services?  Yes  No  
If there has been involvement, when was the involvement? \_\_\_\_\_

Describe current contact by parent with child:

\_\_\_\_\_  
\_\_\_\_\_

Why is the child not living with this parent?

\_\_\_\_\_  
\_\_\_\_\_

**PARENT #2**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

List other names previously used by Parent #1: \_\_\_\_\_  
\_\_\_\_\_

Name of spouse, if married: \_\_\_\_\_

Has the parent ever been involved with Child Protective Services?  Yes  No

Describe current contact by parent with child:

\_\_\_\_\_  
\_\_\_\_\_

Why is the child not living with this parent?

\_\_\_\_\_  
\_\_\_\_\_

### **INFORMATION ABOUT PROPOSED OR CURRENT GUARDIAN**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

List other names used: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Has the proposed guardian ever been involved with Child Protective Services?

Yes  No  Unknown

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Has the proposed guardian ever been charged or convicted of a crime?

Yes  No  Unknown

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

If this is a request for co-guardianship, please provide the following information:

Name of co-guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

List other names used: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

If there is a proposed co-guardian, has that individual ever been involved with Child Protective Services?

Yes  No  Unknown

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Has the proposed co-guardian ever been charged or convicted of a crime?

Yes  No  Unknown

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

### **PROPOSED GUARDIAN RESIDENCE**

List everyone who stays at your address other than yourself, if any:

Name	DOB	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BACKGROUND INFORMATION**

Please describe your contacts with the child(ren), including whether the child(ren) lives in your home, or has lived in your home previously, the extent of your contacts with the child(ren), and the extent of the child(ren)'s contacts with other members of your household, if any:

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Please state, in detail, why you believe that your obtaining guardianship is in the best interest of the child(ren), including the reasons why guardianship is appropriate and why you are the best person to be the child(ren)'s guardian:

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Are you able to care for the child(ren)'s legal, medical, educational and financial needs until they reach the age of 18?  Yes  No