

Minor Guardianship Questionnaire

This questionnaire should be filled out by the Proposed Guardian. You will be contacted by the child's Guardian ad Litem.

Name of child:

/D.O.B. ____/____/____

- Does child have brothers and/or sisters? Yes No
- If yes, please complete the following:

Name	Address	Caretaker

Name of child's mother:

Address:

Over 18? Yes No
 Birthdate:

STREET ADDRESS	APARTMENT NO.	
CITY	STATE	ZIP

Telephone number:

Name of child's father:

Address:

Over 18? Yes No
 Birthdate:

STREET ADDRESS	APARTMENT NO.	
CITY	STATE	ZIP

Telephone number:

- Are/were the parents married? Yes No Unknown
- Has there been a Paternity ruling regarding the father? Yes No Unknown
- Has the father been ordered to pay child support? Yes No Unknown

Proposed Guardian

Name of proposed guardian:	/D.O.B. ____/____/____							
Address:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center; padding: 2px;">STREET ADDRESS</td> <td style="width: 30%; text-align: center; padding: 2px;">APARTMENT NO.</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="text-align: center; padding: 2px;">CITY</td> <td style="text-align: center; padding: 2px;">STATE</td> <td style="text-align: center; padding: 2px;">ZIP</td> </tr> </table>	STREET ADDRESS	APARTMENT NO.			CITY	STATE	ZIP
STREET ADDRESS	APARTMENT NO.							
CITY	STATE	ZIP						
Length of residence at above address:	_____ yrs. _____ months							
If less than 2 years, list previous address:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center; padding: 2px;">STREET ADDRESS</td> <td style="width: 30%; text-align: center; padding: 2px;">APARTMENT NO.</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="text-align: center; padding: 2px;">CITY</td> <td style="text-align: center; padding: 2px;">STATE</td> <td style="text-align: center; padding: 2px;">ZIP</td> </tr> </table>	STREET ADDRESS	APARTMENT NO.			CITY	STATE	ZIP
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Relationship of petitioner to child(ren); i.e. grandparent, aunt, etc...	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> </td> </tr> </table>							

Employment Information

Prop. Guardian's Employer:								
Address:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center; padding: 2px;">STREET ADDRESS</td> <td style="width: 30%; text-align: center; padding: 2px;">APARTMENT NO.</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="text-align: center; padding: 2px;">CITY</td> <td style="text-align: center; padding: 2px;">STATE</td> <td style="text-align: center; padding: 2px;">ZIP</td> </tr> </table>	STREET ADDRESS	APARTMENT NO.			CITY	STATE	ZIP
STREET ADDRESS	APARTMENT NO.							
CITY	STATE	ZIP						
Job Title/Description:								
Annual Compensation:	\$							
Telephone number:								

If married, name of spouse:	/D.O.B. ____/____/____
Date of marriage:	
Employer:	
Address:	
	STREET ADDRESS APARTMENT NO.
	CITY STATE ZIP
Job Title/Description:	
Annual Compensation:	\$
Telephone number:	

Insurance

- Do you have health insurance available that will cover the child? Yes No
- If yes, please identify health insurance company:

Residence

- House Duplex Apartment Other (describe)

Number of bedrooms

- Will this child have a separate bedroom? Yes No; s/he will share with:
- List everyone who stays at your address other than yourself and spouse, if any:

Name	D.O.B.	Relationship to you
	____/____/____	
	____/____/____	
	____/____/____	
	____/____/____	

List petitioner's children:

Name	D.O.B.	Relationship to you
	____/____/____	
	____/____/____	
	____/____/____	
	____/____/____	

Criminal Record

- Have you or any member of your household ever been convicted of a non-traffic criminal offense or an alcohol or drug-related traffic offense?
 Yes No

- If yes, please complete the following:

Name	D.O.B.	Relationship to you
	____/____/____	
	____/____/____	
	____/____/____	
	____/____/____	

- Have you or any member of your household been involved with the Child Protective System in Milwaukee County or any other county?
 Yes No

- If yes, please explain: _____

School / Day Care

- What school or day care will the child attend, if any?

Name of Facility	Address
Contact Person	Telephone Number

Background Information

Please describe your contacts with the child, including whether the child has ever lived in your home previously, the extent of your contacts with him/her, and the extent of the child's contacts with other members of your household, if any:

Please state, in detail, the reasons that the child's mother and/or father are unfit to serve as the child's legal guardian:

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

Does the child have on-going contact with the mother? Yes No

Does the child have on-going contact with the father? Yes No

Please describe the contact your child would have with his/her parents if guardianship is granted to you, including how such contacts will be scheduled, their frequency and duration:

Do you understand the guardianship will last until the child's 18th birthday? Yes No

Have you considered that this child's legal, medical, education and monetary needs will be your responsibility until this child reaches age 18?
 Yes No