

## 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 \_\_\_\_\_ (this could just be age of a minor)  
\_\_\_\_\_  
\_\_\_\_\_

#### B. INFORMATION ABOUT PROPOSED GUARDIAN:

1. Full name \_\_\_\_\_
2. Age \_\_\_\_\_
3. Date of birth \_\_\_\_\_
4. Address \_\_\_\_\_
- Mailing Address (If different from above) \_\_\_\_\_
5. Telephone 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. Telephone 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 (name, address, and phone number):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Any other care providers (name, address, and phone number):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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7. Any others with information that the Ward is incapacitated (name, address, and phone number):

_____	_____
_____	_____
_____	_____

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 he 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:

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<b>Resided with</b>	<b>Address</b>	<b>Dates</b>
(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](mailto:denise@peopleparalegal.com)

Thank you!