

*GUARDIANSHIP WORKSHEETS*  
**GENERAL INFORMATION OF PETITIONER**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Do you need a temporary guardianship established pending the hearing on the petition for appointment of a general guardian?    ☐ Yes ☐ No

CLOSE RELATIVES OF PROPOSED CONSERVATEE (WITHIN 2<sup>ND</sup> DEGREE)

Name & Relationship

Address

Spouse

Children

Grandchildren

Sisters/Brothers

Parents

Grandparents (both maternal and paternal)

### INFORMATION FOR PETITION

1. Type of Guardianship ☐ Person ☐ Estate
2. Do you want to request that the bond be waived? ☐ Yes ☐ No
3. Do any independent powers need to be requested? ☐ Yes ☐ No
4. Do you wish to request that deposits in a blocked account be allowed? ☐ Yes ☐ No
5. Date of birth of the minor(s): \_\_\_\_\_
6. Petitioner's is:  
☐ Related to the minor(s) as: \_\_\_\_\_  
☐ A minor 12 years of age or older  
☐ Other person on behalf of minor (specify) \_\_\_\_\_
7. State the name of the person having legal custody of the minor(s):  
\_\_\_\_\_
8. State the name and address of the person having the care of the minor(s):  
\_\_\_\_\_
9. The minor:  
☐ is ☐ is not a patient in or on leave from a state institution under the jurisdiction of the State Department of Mental Health of the State DDS (specify institution, if applicable):  
\_\_\_\_\_  
  
☐ is neither receiving nor entitled to receive ☐ is receiving or entitled to receive benefits from the Veterans Administration (estimate amount of monthly benefits payable):  
\_\_\_\_\_  
  
☐ does ☐ does not have Native American Ancestry (proof required)
10. Petitioner ☐ has ☐ has no knowledge that the minor(s) is receiving public assistance benefits (specify benefits if minor is receiving)  
\_\_\_\_\_  
  
Petitioner ☐ has ☐ has no knowledge that there are any adoption, juvenile court, marriage dissolution, domestic relations, custody, or other similar proceedings affecting the minor(s) (specify if anything is pending)  
\_\_\_\_\_

11. Petitioner, with intent to adopt, has accepted or intends to accept physical care of custody of the minor(s). ☐ Yes ☐ No

12. Has any other person been nominated? ☐ Yes ☐ No  
If yes, give name and address: \_\_\_\_\_

13. Character and nature of property:  
Personal property \_\_\_\_\_  
Annual gross income from all sources, including \_\_\_\_\_  
real and personal property, wages, pensions, public \_\_\_\_\_  
benefits \_\_\_\_\_

14. Give a brief statement of why the guardianship is necessary (attach separate page if needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Would parental custody be detrimental to the minor(s) ☐ Yes ☐ No  
If yes, state the reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Are there any persons listed above who should not be given notice of this proceeding?  
☐ Yes ☐ No If yes, state who and why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. If you are seeking a temporary guardianship, please state why one is necessary:  
☐ to provide for temporary care, maintenance, and support  
☐ protect property from loss or injury  
Explain: (attach brief explanation)

**PERSONAL INFORMATION OF MINOR(S)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Will the minors attend the hearing? ☐ Yes ☐ No

Please provide any other information you feel may be helpful or persuasive:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.