

CLIENT GUARDIAN INFORMATION

Date Opened: _____

NAME: _____

SSN: _____

Address: _____
(zip code)

DOB: _____ Age: ()

TELEPHONE: () - _____ (HOME)

TELEPHONE: () - _____ (WORK)

NAME: _____

SSN: _____

Address: _____
(zip code)

DOB: _____ Age: ()

TELEPHONE: () - _____ (HOME)

TELEPHONE: () - _____ (WORK)

MINOR'S INFORMATION

NAME: _____

DOB: _____ Age: ()

ADDRESS: _____

SSN# _____

NAME: _____

DOB: _____ Age: ()

ADDRESS: _____

SSN# _____

How long child(ren) in your care: _____

PARENTS INFORMATION

MOM NAME: _____

DOB: _____ Age: ()

ADDRESS: _____

SSN# _____

PHONE: _____

Email: _____

FATHER NAME: _____

DOB: _____ Age: ()

ADDRESS: _____

SSN# _____

PHONE: _____

Email: _____

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1. Minor(s) have significant personal or real property? _____
 2. Minor(s) receive benefits? _____
 3. Minor(s) have any mental or physical disabilities? _____
 4. Is there a CHINS/TPR matter pending? _____
 5. Has paternity been established? _____
 6. Does the mother consent? _____
 7. Does the father consent? _____
 8. Describe why guardianship necessary below: _____