

GMO3

Guardianship Intake Sheet

(Guardianship of a Minor)

Produced by the Suffolk Probate & Family Court Community Outreach Program—Richard Iannella, Register

READ THIS:

Information provided in this packet IS NOT LEGAL ADVICE. It is information. This information is not a substitute for a competent lawyer.

When you sign a legal document or file any papers in court, it can seriously affect you in the future. You should always try to get legal advice before filing documents.

Bar Association lawyer referral services are listed in our brochure "Legal Resources in and around Suffolk County." Also listed are free legal service providers. You may be eligible for help.

INSTRUCTIONS FOR COMPLETING the *GUARDIANSHIP INTAKE SHEET*

Look at the sample form attached and follow the instructions for each number. Please print or type all information. Complete the front and the back of the form.

1. Your name. The date you were born. The place you were born. Your address. How long have you lived there? Your telephone number. Your Social Security number.
2. Your mother's name. Your father's name.
3. The name of the place you work. The telephone number of the place you work. The address of the place you work. Your WEEKLY gross and net wages. If you are not paid weekly, divide your wages into a weekly amount. The name of your medical insurance plan, if you have medical insurance.
4. The date of your marriage, if you have been married. If you are presently separated from your spouse, put in the date of your separation.
5. Answer yes or no to the two questions.
6. Fill in the names, dates of birth, and current addresses of the children for whom you are seeking guardianship. What is your relationship to the children? For example, are you their maternal or paternal grandmother? Are you their aunt or uncle?
7. List all the other people, other than yourself, living in your home, who are more than 14 years old.
8. Answer yes or no. If the Department of Social Services is involved with you or the children, list the name of the office, the telephone number, and the name of the social worker.
9. Answer yes or no. If you do receive some type of public assistance, check off which type. The questions in section 10 ask for information about the Mother of the child or children.
10. Her name Her date of birth Her place of birth Her parent's names Her address. The questions in section 11 ask for information about the Father of the child or children.
11. His name His date of birth His place of birth His parent's names His address. If you are applying to become the guardian of children with the same mother, but with different fathers, fill in information about any other father in the next section.
12. Same as number 11.
13. Answer the question.
14. Fill in the date and sign the form.

Petitioner Information - PLEASE PRINT

This is a sample form. Do not complete this sample. Fill in a blank form. If you do not know the information requested write in the blank "NOT KNOWN."

OFFICE USE ONLY

DSS CARI
Y or N

Name: Your Name if you are filing the complaint. DOB: Your Date of Birth POB: YOUR PLACE OF BIRTH

Full Address: YOUR ADDRESS **1** How Long? _____

Your Telephone No.: Your Telephone SS No. YOUR SOCIAL SECURITY NUMBER

Your Parents' Names: Mother: **2** Father: _____

Employment/Financial Information:

In this section please fill in complete information about your job.

Company Name: _____ Phone No. _____

Your Full Work Address: _____ **3**

Weekly Wages: Gross: _____ Net: _____

Your Medical Insurance Plan: _____

5 Date of Marriage: _____ **4** Date of Separation: _____

Do you receive unemployment? Yes _____ No _____ or Workman's Compensation? Yes _____ No _____

Name of Child(ren) for whom you are seeking guardianship:

Fill in the requested information about the children you are applying to be guardian for.

Name: _____ DOB: _____ Current Address: _____

_____ **6** _____

_____ _____

Your relationship to Child(ren): _____

Other People Living in your home age fourteen years or over:

Fill in the requested information about people living in your home.

Name: _____ DOB: _____

_____ **7** _____

_____ _____

8

Has the Department of Social Services ever been involved with you or any party in this case? Yes _____ No _____

If yes, which office? _____ Telephone No. _____ Social Worker _____

Do you receive any type of welfare benefits? Yes _____ No _____ **9**

If yes, please indicate the type and amount of benefits received by you.

AFDC _____ SSI _____ General Relief _____ Other Assistance _____

TURN PAGE OVER FOR INSTRUCTIONS FOR THE BACK OF THE FORM

**DO NOT
WRITE
IN THIS
SECTION**

DSS CARI

DSS CARI

Mother of Child(ren)

Name: FULL NAME OF THE MOTHER OF THE CHILDREN YOU WISH TO BE GUARDIAN FOR

DSS CARI

Her DOB: MOTHER'S DATE OF BIRTH Her POB: MOTHER'S PLACE OF BIRTH

Her Parents' Names: Mother: _____ Father: _____

Her Full Address: MOTHER'S CURRENT ADDRESS

This is a sample form. Do not complete this sample. Fill in a blank form. If you do not know the information requested write in the blank "NOT KNOWN."

Father of Child(ren)

Name: FULL NAME OF THE FATHER OF THE CHILDREN YOU WISH TO BE GUARDIAN FOR

DSS CARI

His DOB: FATHER'S DATE OF BIRTH His POB: FATHER'S PLACE OF BIRTH

His Parents' Names: Mother: _____ Father: _____

11

His Full Address: FATHER'S CURRENT ADDRESS

Father of Child(ren)

Name: IF THERE IS MORE THAN ONE CHILD AND THEY HAVE DIFFERENT FATHER'S, LIST THE NAME OF THE OTHER FATHER HERE

DSS CARI

His DOB: FATHER'S DATE OF BIRTH His POB: FATHER'S PLACE OF BIRTH

His Parents' Names: Mother: _____ Father: _____

12

His Full Address: FATHER'S CURRENT ADDRESS

Are there any other custody order(s) issued by another court? Yes _____ No _____ if yes, court name: _____

13

Your Attorney's Name: _____ Telephone No. _____

Your Attorney's Full Address: _____

* * * * *

DSS NOTES:

DO NOT WRITE IN

CARI NOTES:

THESE SECTIONS

14

DATE

SIGNATURE OF THE PERSON APPLYING TO BE GUARDIAN

SIGNATURE OF PETITIONER

DATE

SIGNATURE OF PROBATION OFFICER