

**GUARDIANSHIP - MINOR
INTERVIEW FORM**

CLIENT INFORMATION:

Client's Name: _____

Client's Address: _____

_____ County: _____

Client's phone: office: _____ ext.: _____

fax: _____ hours: _____

employer's name: _____

home: _____ time to call: _____

cell: _____

Client's email: _____

Client's S.S.#: _____

Client's D.O.B.: _____

Has any other attorney represented client in this matter? _____

If so, provide Name, Address & Phone Number of prior attorneys.

How did you hear about our firm? _____

INTERVIEW QUESTIONS:

Minor Information

1. Name: _____

2. Address: _____

3. Date of birth: _____ Age: _____

4. Phone: _____

5. Reason for guardianship: _____

6. School minor will attend: _____

Letter from school received: __Yes __No

7. Current grade in school: _____

8. Minors approximate estate value:

Personal:\$ _____

Describe: _____

Real: \$ _____

Describe: _____

9. Minors expected annual income:\$ _____ Source _____

10. Nearest relatives required to receive notice:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Are minor's parents divorced: __Yes __No

If not divorced, has a notarized letter or affidavit from both parents consenting to guardianship been obtained: _Yes _No.

If divorced, has a notarized letter or affidavit from each parent consenting to guardianship been obtained: _Yes _No.

If a parent cannot be located, has the other parent stated in their notarized letter or affidavit the date of last contact with the lost parent: _Yes _No.

12. Are either of the minor's parents deceased: __Yes __No
(If yes, obtain a copy of death certificate).

13. Is minor (14) years of age or older: __Yes __No
(If yes, have minor execute nomination).

Guardian Information

14. Proposed guardian: _____

Address: _____

Phone: (Home): _____ (Work): _____

Age: _____ Occupation: _____

If proposed guardian is not the petitioner, list petitioners name and address: _____

15. Type of guardianship requested:

Person only: ___ Person and estate: ___

Estate only: ___

Proceedings Information

16. Venue: _____

17. GAL to be appointed: __ Yes __ No

18. Bond
Amount: \$ _____

Sureties: _____

Bonding Co.: _____

Miscellaneous

19. Comments:

20. Has client been advised re: GAL fees: __ Yes __ No

21. Has proposed guardian been advised that bond of guardianship is not
of the person only: __ Yes __ No

22. Is a pauper's petition to be filed: __ Yes __ No

CLIENT VERIFICATION:

The undersigned client in the above referred to matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

Dated: _____
CLIENT

***COMPLETING THIS FORM DOES NOT CREATE AN ATTORNEY/CLIENT RELATIONSHIP. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. ***