

POTENTIAL CLIENT – TERMINATION OF GUARDIANSHIP

POTENTIAL CLIENT INFORMATION:

Client's Name: _____

Client's Address: _____

City, State, Zip _____ County: _____

Client's phone: work: _____ ext: _____

fax: _____ hours: _____

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? Yes / No

If yes, provide Name, Address & Phone Number of prior attorneys _____

How did you hear about our firm? _____

Marital status: Married: ____ Separated ____ Divorced ____ Single ____

If married, spouse's name: _____

Marriage Date: _____

Marriage Location (County): _____

If married, is your spouse employed: Yes ____ No ____

If yes, name of employer: _____

Address: _____

Telephone: _____

Dates of employment: _____

Hours of employment: _____

Are you employed: Yes ____ No ____

If yes, name and address of employer: _____

Days of employment: _____ Hours of employment: _____

Education: (highest level completed): _____

Convictions: _____

Children:

NAME(S):

Date(s) of Birth:

GUARDIANSHIP INTERVIEW QUESTIONS:

Minor Information

1. Name(s): _____

2. Address: _____

3. Date(s) of Birth: _____

Age(s): _____

4. Phone: _____

Guardianship Information:

5. Name of Guardian: _____

Address: _____

Phone Number: _____

6. Reason for guardianship (i.e. was child given up or was custody terminated?) _____

7. If custody was terminated, for how long? _____

8. If custody was relinquished (given up), provide reason(s): _____

9. Is child support being paid? Yes _____ No _____
10. Is child receiving state benefits? Yes _____ No _____
11. Reason for termination of guardianship (what circumstances have changed): _____

Additional Parent's Information:

12. Name: _____
13. Address: _____
14. Phone: _____
15. Did this parent consent to guardianship? _____

Court Case Information:

16. Is there a court case pending: Yes _____ No _____
17. If there is a pending court case:
- County/Venue: _____
- Case Number: _____
- Next Court Date: _____
- Reason for next court date: _____

Additional Information/Comments:

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. ***