

QUESTIONNAIRE FOR GUARDIANSHIP OF A MINOR

(Please complete this questionnaire and bring it with you to your initial appointment or forward it to us prior to your appointment)

A. MINOR CHILD

Full Name _____

Residential Address _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

With whom does the minor reside? _____

How long has the minor resided at this address _____

B. PARENT 1:

Check here if deceased _____ Date of Death _____

Full Name _____

Residential Address _____

City _____ State _____ Zip _____

Preferred Phone No. _____ Alternate Phone No. _____

E-mail Address _____

Social Security No. _____ Date of Birth _____

___ Married ___ Single ___ Divorced If married, name of spouse _____

C. PARENT 2:

Check here if deceased _____ Date of Death _____

Full Name _____

Residential Address _____

City _____ State _____ Zip _____

Preferred Phone No. _____ Alternate Phone No. _____

JOHN H. BAKER III

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E-mail Address _____

Social Security No. _____ Date of Birth _____

___ Married ___ Single ___ Divorced If married, name of spouse _____

D. PROPOSED GUARDIAN

Full Name _____

Residential Address _____

City _____ State _____ Zip _____

Preferred Phone No. _____ Alternate Phone No. _____

E-mail Address _____

Social Security No. _____ Date of Birth _____

Relationship to Minor _____

PROPOSED CO-GUARDIAN (IF ANY)

Full Name _____

Residential Address _____

City _____ State _____ Zip _____

Preferred Phone No. _____ Alternate Phone No. _____

E-mail Address _____

Social Security No. _____ Date of Birth _____

Relationship to Minor _____

E. PLEASE IDENTIFY ANY SIBLINGS OF THE MINOR CHILD AND ANY OTHER PERSONS THAT LIVE WITH THE MINOR CHILD THAT HAVE NOT OTHERWISE BEEN IDENTIFIED

1. Full Name _____

Residential Address _____

City _____ State _____ Zip _____

Phone No. _____ Date of Birth _____

Relationship to Minor _____

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2. Full Name _____

Residential Address _____

City _____ State _____ Zip _____

Phone No. _____ Date of Birth _____

Relationship to Minor _____

3. Full Name _____

Residential Address _____

City _____ State _____ Zip _____

Phone No. _____ Date of Birth _____

Relationship to Minor _____

4. Full Name _____

Residential Address _____

City _____ State _____ Zip _____

Phone No. _____ Date of Birth _____

Relationship to Minor _____

5. Full Name _____

Residential Address _____

City _____ State _____ Zip _____

Phone No. _____ Date of Birth _____

Relationship to Minor _____

F. REASON FOR GUARDIANSHIP

G. INCOME OF THE MINOR:

Source: _____ Amount: _____ __monthly __annual __other

Source: _____ Amount: _____ __monthly __annual __other

Source: _____ Amount: _____ __monthly __annual __other

Source: _____ Amount: _____ __monthly __annual __other

H. ASSETS/ACCOUNTS OF THE MINOR

| <u>ASSET/LIABILITY</u> | <u>ASSET TOTAL</u> | <u>LIABILITY TOTAL</u> |
|--------------------------------|--------------------|------------------------|
| Checking Account | | |
| Savings Account | | |
| Money Market Account | | |
| Certificates Of Deposit | | |
| Real Estate | | |
| Stocks/Bonds/other Investments | | |
| Life Insurance Cash Value | | |
| Other | | |
| Other | | |
| TOTAL | | |

I. PLEASE DESCRIBE ANY ANTICIPATED JUDGMENT, SETTLEMENT, INHERITANCE OR OTHER PAYMENT FOR THE MINOR CHILD

Description/Amount: _____

Name and location of court (if any) _____

If an inheritance, name of deceased person and relation to minor child:

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ADDITIONAL/SUPPLEMENTAL INFORMATION

JOHN H. BAKER III

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CERTIFICATION:

The undersigned hereby represents that the information contained in this questionnaire is accurate and complete, to best of my knowledge, information and belief. I understand that my attorney will rely on this information. I agree to update this information with any changes, additions or corrections as needed.

Signature _____

Print Name: _____

JOHN H. BAKER III

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