

## 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

ATTORNEY AT LAW

307 HICKERSON DRIVE, MURFREESBORO, TENNESSEE 37129  
| VOICE: (615) 896-5621 | FAX: (615) 896-5621 | BAKERCOUNSEL.COM

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		
<b>TOTAL</b>		

**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**

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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: \_\_\_\_\_

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