

TEMPORARY GUARDIANSHIP INFORMATION SHEET

Child #1

Name of Child: _____ Date of Birth of Child: _____
Age of Child: _____ School Child will be attending: _____

Child #2

Name of Child: _____ Date of Birth of Child: _____
Age of Child: _____ School Child will be attending: _____

Information as to the mother of the child

Mother's Maiden Name: _____ Mother's DOB: _____
Mother's Current Name (if different than maiden name): _____
Mother's current address or location: _____
Mother's telephone number(s): _____

Information as to the father of the child #1

Father's Name: _____ Father's DOB: _____
Father's current address or location: _____
Father's telephone number(s): _____

Information as to the father of the child #2 (if Applicable)

Father's Name: _____ Father's DOB: _____
Father's current address or location: _____
Father's telephone number(s): _____

Is this Presently a DFACS case? Yes _____ No _____

Give an explanation as to why you are petitioning this court for temporary guardianship.

Are there other persons living in your home? Yes No If yes, how many? _____

List all adults living in your home: _____

Is there anyone living in this home that has any criminal record and /or is currently on probation?

Yes No

If the answer is yes what are their names and what offenses have they been charged with:

Name	Type of Offense
_____	_____
_____	_____
_____	_____