

Guardianship of Minor Child Client Intake Form

The following information will be used if we need to contact you (unless you indicate otherwise) and to evaluate your legal needs. This information will be held in strict confidence. This information will also help us initiate your case if you decide to retain our services. **Please print or type.**

ame:			- <u>-</u>
first	middle		last
ddress:address			
address	city	state	zip
ounty of Residence:	DOB:	SS#:	
	mm/dd/yy		
ontact Information.:			
home	cell	work	
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C. Proposed Ward (minc	r for whom you are se	eking to obtai	n guardianship):
Name:				
first	middle		last	
Address:				
address		city	state	zip
County of Residence:	DOB:	SS#:		
	mm/dd	/yy		
Parents and siblings of the min	or for whom you are seeking	g guardianship:		
Name	DOB (mm/dd/yy)	Relationship (ie. Mother)	Address	
				

Please provide:

- 1. An original or certified copy of the birth certificate for the minor child.
- $\begin{tabular}{ll} \bf 2. & A photo ID such as a driver's license or passport \\ \end{tabular}$

How were you referred to us?						
Referral from						
Legal Insurance (if applicable):	ARAG	CLC	Hyatt Legal	Other		
Plan Member Name:			Plan Member	ID or SS#:		
Tradebank (if applicable): Name on card			N	Лembership #		