

FACT SHEET (GUARDIANSHIP)

Date:

Referred by:

Birth Mother:

1. Name -
2. Maiden Name -
3. Address, City, State, Zip Code -
4. County of Residence -
5. Date of Birth -
6. Social Security No. –
7. Home Phone Number -
8. Work Phone Number –
9. Employment –
10. Currently Married -
11. Previously Married? If so, name of former spouse(s) and date of divorce(s) -
12. Military Service -
13. Health/Mental Issues -

Child:

1. Name and Sex of Child -
2. Birth Date -
3. Guardianship of person / estate -
4. Reason minor needs guardian –
5. Name, Addresses and Time Period where child resided over last 5 years –
6. Temporary Guardianship / Permanent Guardianship or Both –
7. Any further litigation concerning the custody of child -
8. Any further custody proceedings concerning the child in this or any other state –
9. Do you know of any other persons who have custody or claim to have custody or visitation rights with respect to this child –
10. Address of child –
11. Are you aware of any other guardianship or other related proceeding involving the minor? If yes, describe circumstances –
12. If applicable, what is the value of the minor's property –
Cash/Bank –
Real estate –
Other Liquid Assets –
Other Assets
13. Assets of minor previously derived from or benefits of minor now due and payable from U.S. Dept. of Veterans Affairs are: _____ none or please describe -
14. Is the minor receiving public benefits, including medical assistance, SSI, SSDI or long term community options program benefits? If yes, describe type and amount –
15. Does the minor receive any other claim, income, compensation, pension, insurance or allowance to which the minor may be entitled?
Social Security –
Child Support –
Disability –
Investment Income –
Other –
16. Are you requesting child support?

Alleged/Presumed Father:

1. Name -
2. Address, City, State, Zip Code -
3. County of Residence -
4. Date of Birth –
5. Place of Employment -
6. Work Phone Number -
7. Home Phone Number -
8. Physical Description -
9. Military Service -
10. Attitude toward guardianship -
11. Does alleged/presumed father wish to appear in court -
12. Married -
13. Spouse aware of child -

Proposed Guardians:

1. Full Name(s) -
2. Wife's Maiden Name -
3. Address, City, State, Zip Code -
4. County of Residence –
5. E-mail Address -
6. Home Phone Number -
7. Work Phone Number of Husband
8. Work Phone Number of Wife
9. Date of Birth of Husband -
10. Date of Birth of Wife -
11. Date of Marriage -
12. Have you been currently charged with or have been convicted of a crime (misdemeanor or felony)? If yes, describe circumstances –
13. Have you filed or received protection under the federal bankruptcy laws? If yes, describe circumstances –
14. Has any license, certificate, permit, or registration that you are required to have under Chapters 440 or 480, Wisconsin Statutes, or by the laws of another state for the practice of a profession or occupation been suspended or revoked? If yes, describe circumstances –
15. Are you listed in the Caregiver Misconduct Registry of the Department of Health and Family Services under Sec. 146.40(4g)(a)(2), Wisconsin Statutes? If yes, describe circumstances –
16. Are you currently a guardian of the person of 5 or more adult wards who are unrelated to you? If yes, describe circumstances –
17. What is your relation to the child(ren) you wish to receive guardianship –

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