



**SCHLESINGER
& STRAUSS, LLC**

GUARDIANSHIP INFORMATION SHEET

Date: _____

Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

County: _____ **Phone Number:** _____

Date moved to this address: _____

How long have you lived at this address: _____

Mailing address if different from above: _____

Email: _____

Employer: _____ **Employer Phone #:** _____

Employer Address: _____

Have you ever been convicted of a Felony? _____

If yes, please give a brief explanation of the conviction(s): _____

Is this a Guardianship of a Disabled Adult or a Minor? _____

What is your relationship to the person that you are seeking guardianship of? _____

Minor/Disabled Adult's Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

County: _____ **Phone Number:** _____

Date moved to this address: _____

How long have they lived at this address: _____

Mailing address if different from above: _____

Email: _____

Employer: _____ **Employer Phone #:** _____

Employer Address: _____

If the person you are seeking guardianship of is disabled, what is the disability? _____

Does the person you are seeking guardianship of own any property or get social security? If Yes, what? _____

Why are you seeking a guardianship? _____

Please use as many additional page 3s as necessary to provide the information of the next closest relatives (i.e., parents, siblings, children) of the person that you are seeking to have guardianship over.

What pronouns do you prefer we use? _____

The children? _____

How did you hear about Schlesinger & Strauss, LLC? _____

Other Relative's Name: _____

Date of Birth: _____

Relation to the person you are seeking to get guardianship of: _____

Address: _____ **City, State, Zip:** _____

County: _____ **Phone Number:** _____

Date moved to this address: _____

How long have they lived at this address: _____

Mailing address if different from above: _____

Email: _____

Employer: _____ **Employer Phone #:** _____

Employer Address: _____

Other Relative's Name: _____

Date of Birth: _____

Relation to the person you are seeking to get guardianship of: _____

Address: _____ **City, State, Zip:** _____

County: _____ **Phone Number:** _____

Date moved to this address: _____

How long have they lived at this address: _____

Mailing address if different from above: _____

Email: _____

Employer: _____ **Employer Phone #:** _____

Employer Address: _____