

GUARDIANSHIP OF MINOR INFORMATION SHEET

LOCATION OF APPOINTMENT: Peoria Morton Telephone Other DATE: _____

How did you hear about us?

- Radio Printed Ad Facebook Referral from a former client: _____
 Referral from an attorney: _____ Referral from a friend _____
 Google Search I am a previous client Other (please explain) _____

(For Office Use Only): Full Conflict Check Completed By:

A. Information About the Minor:

1. Full Name _____
2. Age _____ Date of Birth _____ Primary Language _____
3. Address _____
4. Minor's Social Security Number _____
5. Names and addresses of minor's parents or other next-of-kin _____

B. Information About Minor's Income and Property:

1. Nature and value of the property subject to the guardianship _____

2. Name and address of the bank or other depository that you wish to receive the ward's assets for safekeeping _____

3. Describe dollar amounts of all benefits (SSI, Insurance, etc.) and income to which the minor is entitled. _____

Who currently receives said funds? _____
If they are directly deposited, state the name of the bank, account holder and account number.

C. Information About Proposed Guardian:

1. Name _____ Phone _____
2. Age _____ Date of Birth _____ Place of Birth _____
3. Address _____
Mailing Address (if different from above) _____

4. Social Security Number _____ U.S. Citizen _____
5. Employer's Name _____
6. Employer's Address _____
7. Proposed guardian's Position _____
8. Marital Status and Name of Spouse, if any _____

9. Length of Residence in County in which application is to be filed _____
10. If currently serving as guardian for any other ward, list the names of each ward, court file number, circuit court in which the case(s) is/are pending and whether applicant is acting as a limited or plenary guardian of the person or property or both.

11. Does the proposed guardian have any physical disabilities? Yes ___ No ___
If "Yes" was answered, please explain _____
12. Will any physical disability listed above affect ability to serve as Guardian? Yes ___ No ___
13. Has the proposed guardian ever been treated for the following?
 - a. Mental condition Yes ___ No ___
 - b. Alcohol Yes ___ No ___
 - c. Drugs Yes ___ No ___
 - d. Other _____
Nature of Condition _____If "Yes" was answered to any of the above, please state date, time, location of treatment and name of physician or professional involved _____

14. Has proposed guardian ever been the subject of a confirmed report of abuse, neglect or Exploitation which has been uncontested or upheld? Yes ___ No ___
If "Yes" was answered, please give date and complete details _____

15. Has proposed guardian ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes ___ No ___
If "Yes" was answered, please give date and complete details _____

16. Has proposed guardian ever been arrested, charged convicted of a felony? Yes ___ No ___
If "Yes" was answered, please give date and complete details _____

17. Has proposed guardian ever been charged with, arrested for or convicted of any other crimes?
Yes / No If "Yes" was answered, please give date and complete details _____

18. Has proposed guardian ever held a position which required bonding? Yes ___ No ___
If "Yes" was answered, please describe position, date, amount of bond and name of surety _____

19. Has proposed guardian, in the past, ever served as guardian of a person or of a person's property? Yes ___ No ___ If "Yes" was answered, please describe and include reason for termination of fiduciary position _____

20. Has proposed guardian ever been held in contempt of court or removed as guardian?
Yes ___ No ___ If "Yes" was answered, please describe _____

21. Has proposed guardian ever filed for bankruptcy? Yes ___ No ___
If "Yes" was answered, please state date and location of court _____

22. Is proposed guardian or proposed guardian's business, corporation or other business entity a creditor of or providing professional personal or business services to the minor child?
Yes ___ No ___ If "Yes" was answered, please give details _____

23. Is proposed guardian employed by a business, corporation or other business entity which is providing professional, personal or business services to the minor child? Yes ___ No ___
If "Yes" was answered, please give details _____

24. Is proposed guardian a health care provider for the minor child? Yes ___ No ___

25. Educational History of the proposed guardian:

	<u>Name and Address</u>	<u>Degree</u>	<u>Date</u>
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

26. List proposed guardian's employment experience for the past ten (10) years beginning with the most recent date _____

27. Has proposed guardian ever been discharged from employment? Yes ___ No ___
If "Yes" was answered, please furnish details _____

28. Has proposed guardian ever been a member of the armed forces of the U.S.? Yes ___ No ___
If "Yes" was answered, what branch, dates and military serial number _____

29. Personal References: If proposed guardian is not related to the minor child, please give the names, addresses and telephone numbers of at least two (2) responsible persons who have been closely associated with applicant and who have known applicant for five (5) years or more, not including relatives or spouse:

	<u>Name and Address</u>	<u>Telephone Number</u>
1.	_____	_____
2.	_____	_____

30. Does proposed guardian possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies proposed guardian to be appointed as guardian?

Yes ___ No ___ If "Yes" was answered, please describe _____

