

**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
_____	_____
_____	_____
_____	_____