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| cid:image002.jpg@01DA9C9B.873348C0 | **Family Information Sheet** |

**Note:** Courts require the Guardianship Office to notify all family members of the guardianship action whether or not they will become a court appointed guardian.

**Instructions:**

* List **all** immediate family members, living or deceased, including minors (under the age of 18).
* List close friends and/or relatives who are involved **and** may be interested to serve as legal guardian.
* Fill out each section as completely as possible.
	+ If whereabouts are unknown, give name and last known address.
	+ If deceased, provide date deceased. (If exact date is unknown, provide an approximate date.)
* Having more than one guardian is recommended, but not more than three, to help ensure a guardian will always be in place.
* If a family member receives DDD services, determine if a guardianship referral may also be needed for them. If so, proceed with making a concurrent referral.

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| **Identifying Information** |
| Individual’s Name: Enter text. | Date: Enter a date. |
| DDD ID#: Enter text. | County of Residence: Choose an item. |
| Name and title of Support Coordinator or DHS / DCF Staff Member completing this form: |
| Name: Enter text. | Title: Enter text. |
| Phone Number: Enter text. | Email Address: Enter text. |
| **Parents** |
| Father’s Name: Enter text. | DOB: Enter text. |
| The father is: living [ ]  deceased [ ]  (date: Enter date)  | Whereabouts unknown [ ]  |
| Address: Enter text. | County of Residence: Choose an item. |
| Phone Number: Enter text. | Email Address: Enter text. |
| Interested in being legal guardian? Yes[ ]  No[ ]  | Does the father receive DDD services? Yes[ ]  No[ ]  |
| Mother’s Name: Enter text. | DOB: Enter text. |
| The mother is: living [ ]  deceased [ ]  (date: Enter date)  | Whereabouts unknown [ ]  |
| Address: Enter text. | County of Residence: Choose an item. |
| Phone Number: Enter text. | Email Address: Enter text. |
| Interested in being legal guardian? Yes[ ]  No[ ]  | Does the mother receive DDD services? Yes[ ]  No[ ]  |
| Please add comments as needed to explain/clarify the nature of the relationship, extenuating circumstances, concerns, etc.: |
| Enter text. |
| **Siblings** *(To enter additional siblings, click below and click the blue plus sign,* **+***, on the right.)* |
| Sibling’s Name: Enter text. | DOB: Enter text. |
| Sibling is: a minor[ ]  living[ ]  deceased[ ]  (date: Enter date)  | Whereabouts unknown [ ]  |
| Relationship to individual: Enter text. |
| Address: Enter text. | County of Residence: Choose an item. |
| Phone Number: Enter text. | Email Address: Enter text. |
| Interested in being legal guardian? Yes[ ]  No[ ]  | Does this sibling receive DDD services? Yes[ ]  No[ ]  |
| Please add comments as needed to explain/clarify the nature of the relationship, extenuating circumstances, concerns, etc.: |
| Enter text. |
| **Spouse / Children** *(For multiple entries, click below and click the blue plus sign,* **+***, on the right.)* |
| Name: Enter text. | Relationship: Choose an item. | DOB: Enter text. |
| This person is: a minor [ ]  living [ ]  deceased [ ]  (date: Enter date) Whereabouts unknown [ ]  |
| Address: Enter text. | County of Residence: Choose an item. |
| Phone Number: Enter text. | Email Address: Enter text. |
| Interested in being legal guardian? Yes[ ]  No[ ]  | Does this person receive DDD services? Yes[ ]  No[ ]  |
| Please add comments as needed to explain/clarify the nature of the relationship, extenuating circumstances, concerns, etc.: |
| Enter text. |
| **Close Contacts** *(For multiple entries, click below and click the blue plus sign,* **+***, on the right.)* |
| Name: Enter text. | Relationship: Enter text. | DOB: Enter text. |
| Address: Enter text. | County of Residence: Choose an item. |
| Phone Number: Enter text. | Email Address: Enter text. |
| Please add comments as needed to explain/clarify the nature of the relationship, extenuating circumstances, concerns, etc.: |
| Enter text. |