

# Questionnaire:

## Guardianship of a Child

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Use this form to help gather information needed for our [automated documents](#) on OKLaw.org.

County where you are filing the petition for guardianship:

\_\_\_\_\_

Name of any other person asking to be a co-guardian:

\_\_\_\_\_

### Child One:

Full legal name: (first, middle, last)

\_\_\_\_\_

Birth date: (day, month, year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Member of an Indian tribe? \_\_\_\_\_ Name of tribe: \_\_\_\_\_

Current address of child (City, State)

\_\_\_\_\_

City, State of child for/in the past 5 years

\_\_\_\_\_

\_\_\_\_\_

Names of people the child has lived during the past 5 years:

\_\_\_\_\_

\_\_\_\_\_

Other court proceedings involving each child (court, county, case number)

\_\_\_\_\_

\_\_\_\_\_

Mother of Child Two (full legal name)

\_\_\_\_\_

Address, if possible

\_\_\_\_\_

\_\_\_\_\_

Father of Child Two (full legal name)

\_\_\_\_\_

Address, if possible

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child Two:**

Full legal name: (first, middle, last)

\_\_\_\_\_

Birth date: (day, month, year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security number \_\_\_\_-\_\_\_\_-\_\_\_\_

Member of an Indian tribe? \_\_\_\_\_

Name of tribe: \_\_\_\_\_

Current address of child (City, State)

Mother of Child Two (full legal name)

\_\_\_\_\_

\_\_\_\_\_

City, State of child for/in the past 5 years

Address, if possible

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of people the child has lived during the past 5 years:

Father of Child Two (full legal name)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address, if possible

Other court proceedings involving each child (court, county, case number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child Three:**

Full legal name: (first, middle, last)

\_\_\_\_\_

Birth date: (day, month, year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security number \_\_\_\_-\_\_\_\_-\_\_\_\_

Member of an Indian tribe? \_\_\_\_\_

Name of tribe: \_\_\_\_\_

Current address of child (City, State)

Mother of Child Three (full legal name)

\_\_\_\_\_

\_\_\_\_\_

City, State of child for/in the past 5 years

Address, if possible

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of people the child has lived during the past 5 years:

Father of Child Three (full legal name)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address, if possible

Other court proceedings involving each child (court, county, case number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child Four:**

Full legal name: (first, middle, last)

\_\_\_\_\_

Birth date: (day, month, year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security number \_\_\_\_-\_\_\_\_-\_\_\_\_

Member of an Indian tribe? \_\_\_\_\_ Name of tribe: \_\_\_\_\_

Current address of child (City, State)

Mother of Child Four (full legal name)

\_\_\_\_\_

\_\_\_\_\_

City, State of child for/in the past 5 years

Address, if possible

\_\_\_\_\_

\_\_\_\_\_

Names of people the child has lived during the past 5 years:

\_\_\_\_\_

Father of Child Four (full legal name)

\_\_\_\_\_

\_\_\_\_\_

Other court proceedings involving each child (court, county, case number)

Address, if possible

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_