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GUARDIANSHIP FOR MINOR – INFORMATION SHEET

Date: _____

CLIENT

Legal Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Name of spouse, if married: _____

Mailing Address: _____

Social Security Number: _____

What County do you live in? _____

May we mail you paperwork at your mailing address? _____ If not, please list address
where we can mail paperwork:

Home phone: _____ Business phone: _____

Home facsimile: _____ Business facsimile: _____

Home e-mail: _____ Business e-mail: _____

Pager number: _____ Cellular phone: _____

How early may we call you? _____

42 Garden Center • Broomfield, Colorado 80020 • 303 465 4605 • Fax 303 460 8957
e-mail: contact@broomfieldlaw.com

How late may we call you? _____
May we contact you at work? _____
May we contact you at home? _____

Physical Address: _____

Employer: _____

Address: _____

Salary: _____ Job Description: _____

Driver's License # _____ Are you a US Citizen? _____

Relationship to Minor: _____

Which appointment are you seeking? (please check all that apply):

Permanent Guardian (expires on Minor's 18th birthday, unless otherwise ordered by the Court.)

Temporary Guardian (not to exceed six months); describe the **immediate need** that exists:

Emergency Guardian (not to exceed 60 days); describe why this is an emergency (the likelihood of **substantial harm** to the Minor's health or safety): _____

Information about the Minor:

Name: _____ Current age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County of Residence: _____

The minor is unmarried and

Parent(s) consent to the appointment of a guardian.

all parental rights have been terminated by

prior court order.

death.

parents are unwilling or unable to exercise their parental rights. (Briefly explain.)

guardianship has previously been granted to a third party who has died or become incapacitated, and the guardian has not appointed a successor guardian by will or written instrument.

Information about the Biological Mother and Father of the Minor:

Mother's Name: _____ **Deceased**

Address: _____

City: _____ State: _____ Zip Code: _____

Father's Name: _____ **Deceased** **Unknown**

Address: _____

City: _____ State: _____ Zip Code: _____

If mother and father are deceased, list adult relative, for example aunt, uncle, grandparent that can be found:

Name: _____ Relationship to Minor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone #: _____ Work Phone #: _____

Is there a nomination of a guardian by will or other writing signed by a parent or guardian?

Yes **No**

Who other than you had primary care and custody of the Minor during the past 60 days?

None OR **The following:**

Name: _____ Relationship to Minor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone #: _____ Work Phone #: _____

Dates of Care: _____

Is any person currently acting as a Guardian or Conservator for the Minor in Colorado or elsewhere? **Yes** **No** If Yes, identify:

Name: _____ Relationship to Minor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone #: _____ Work Phone #: _____

Dates of Care: _____

Does a conservatorship case exist? **Yes** **No**

If not, are you also filing for appointment of Conservatorship? **Yes** **No** (Please note that a guardianship case does not provide authority over substantial funds.)

Does the Minor have any assets, e.g. bank accounts, property? **Yes** **No** If **Yes**, identify:

<i>Description of Assets, e.g. Bank Accounts, Property</i>	<i>Estimated Value of Property</i>
	\$
<i>Total</i>	\$

Does the Minor have any anticipated income, e.g. Social Security, interest? **Yes** **No** If **Yes**, identify:

<i>Description of Income e.g. Social Security, interest</i>	<i>Amount of Anticipated Income or Receipts</i>
	\$
<i>Total</i>	\$