

CLIENT/PETITIONER INTAKE FORM



Full Name(s) of Petitioner(s):

Petitioner 1: _____ **Marital Status:** _____

Petitioner 2: _____ **Marital Status:** _____

Address of Petitioner(s): (Street, City, County, State, Zip) _____

Emergency Contact: _____ **Phone:** _____

How many in the family unit (include all individuals who live in the household): _____

Petitioner(s) Total Household Monthly Income: \$ _____ Own: _____ Rent: _____

Employed (Y/N): _____ **Wages** _____ **SS** _____ **Retired** _____ **Veteran** _____ **Other:** _____

Insured (Y/N): _____ **Medicare** _____ **Medicaid** _____ **Military** _____ **Private** _____ **Disabled** _____

Petitioner 1 Information:

Petitioner 1 Home Phone: _____ **Cell:** _____ **Work:** _____

Petitioner 1 Email: _____

Petitioner 1 SS#: _____ **ID/Lic#** _____ **Date of Birth:** _____ **Age:** _____

Petitioner 1 Ethnicity:

Caucasian: _____ **Hispanic Origin:** _____ **African American:** _____ **Native American:** _____ **Other:** _____

Petitioner 1 Education: (last grade completed)

0-11: _____ **12/GED:** _____ **Associates:** _____ **Bachelors:** _____ **Masters:** _____ **PHD:** _____

Petitioner 2 Information:

Petitioner 2 Home Phone: _____ **Cell:** _____ **Work:** _____

Petitioner 2 Email: _____

Petitioner 2 SS#: _____ **ID/Lic#** _____ **Date of Birth:** _____ **Age:** _____

Petitioner 2 Ethnicity:

Caucasian: _____ **Hispanic Origin:** _____ **African American:** _____ **Native American:** _____ **Other:** _____

Petitioner 2 Education: (last grade completed)

0-11: _____ **12/GED:** _____ **Associates:** _____ **Bachelors:** _____ **Masters:** _____ **PHD:** _____

Does Petitioner Participate in National Family Caregiver Older Relative Caregiver Program? Y/N _____

(Formerly the Grandparents Raising Grandchildren Program)

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Child #1:

Full Name: _____ Date of Birth: _____ Age: _____

SSN#: _____ Current Address: _____

How long has the child lived at the current address?: _____ If less than 12 months, where did the child live during the previous 12 months? (List all addresses for the past 12 months):

Where was this child born?

City: _____ County: _____ State: _____

Child's Mother's Full Name: _____

Mother's Last Known Address: (Street, City, County, State and Zip)

Mother's Last Known Phone Number: _____

Child's Father's Full Name: _____

Father's Last Known Address: (Street, City, County, State and Zip)

Father's Last Known Phone Number: _____

Child #2:

Full Name: _____ Date of Birth: _____ Age: _____

SSN#: _____ Current Address: _____

How long has the child lived at their current address?: _____ If less than 12 months, where did the child live during the previous 12 months? (List all addresses for the past 12 months):

Where was this child born?

City: _____ County: _____ State: _____

Child's Mother's Full Name: _____

Mother's Last Known Address: (Street, City, County, State and Zip)

Mother's Last Known Phone Number: _____

Child's Father's Full Name: _____

Father's Last Known Address: (Street, City, County, State and Zip)

Father's Last Known Phone Number: _____

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Child #3:

Full Name: _____ Date of Birth: _____ Age: _____

SSN#: _____ Current Address: _____

How long has the child lived at the current address?: _____ If less than 12 months, where did the child live during the previous 12 months? (List all addresses for the past 12 months):

Where was this child born?

City: _____ County: _____ State: _____

Child's Mother's Full Name: _____

Mother's Last Known Address: (Street, City, County, State and Zip)

Mother's Last Known Phone Number: _____

Child's Father's Full Name: _____

Father's Last Known Address: (Street, City, County, State and Zip)

Father's Last Known Phone Number: _____

Child #4:

Full Name: _____ Date of Birth: _____ Age: _____

SSN#: _____ Current Address: _____

How long has the child lived at their current address?: _____ If less than 12 months, where did the child live during the previous 12 months? (List all addresses for the past 12 months):

Where was this child born?

City: _____ County: _____ State: _____

Child's Mother's Full Name: _____

Mother's Last Known Address: (Street, City, County, State and Zip)

Mother's Last Known Phone Number: _____

Child's Father's Full Name: _____

Father's Last Known Address: (Street, City, County, State and Zip)

Father's Last Known Phone Number: _____

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Reasons guardianship is being sought. Please briefly describe why the child(ren) need guardianship:

Qualifications of Petitioner(s): What makes these petitioners qualified to be named the guardian(s)?

When completed, please call Kinship Support Services at **635-9291 ext. 12** to schedule an appointment to complete the guardianship paperwork. Bring this document with you.

Please be advised there will be a filing fee at the courthouse when you turn your paperwork in. The filing fee is currently \$85.00.

You will be required to mail paperwork to both parents at their last known address. This paperwork must be mailed "Return Receipt Requested" and you will be unable to file your petition until you receive communication from both parents. Please document all attempts you've made to contact the parents.

Once you've filed your petition, you must contact the case manager at Kinship Support Services and provide the Probate Number the court has assigned you. **635-9291 ext. 12**