

COMMONWEALTH OF MASSACHUSETTS
Plymouth Probate and Family Court
GUARDIANSHIP INFORMATION FORM

(Mandatory Disclosure for Plymouth Probate & Family Court for any person requesting guardianship of a minor child)

(PLEASE PRINT)

Docket Number: _____ Today's Date: _____

Petitioner Information

Name: _____

Address: _____

_____ (city) _____ (state) _____ (zip)

Telephone No: (____) _____

Petitioner's Date of Birth: _____

Are you represented by an Attorney? Y N

Attorney Information

Name: _____

Address: _____

_____ (city) _____ (State) _____ (zip)

Telephone No: (____) _____

Child/Children Information

Is Child/Children living with you? Y N

If yes, since when: _____

Street Address if -different from Petitioners

<u>Child First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child Parent Information

<u>Mother Name and Address</u>	<u>Father Name and Address</u>
_____	_____
_____	_____
_____	_____

Mother Telephone No: _____ Father Telephone No: _____

Mother DOB: _____ Father DOB: _____

Petitioner's Initials _____ (Go to back side of form)

Return this form to FSO OUTCOME: ALLOWED () DENIED ()

Expires: ____/____/____ Judge: _____

