

Date

File Number

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THE LAW OFFICE OF  
**RANDY HOPE STEEN, LTD.**

## GUARDIANSHIP PETITION QUESTIONNAIRE

### A. Client Information

Personal Data	
Full Name	<input type="text"/>
Birth Date	<input type="text"/>
SSN #	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>

Address	
Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>

### B. Child Information

Personal Data	
Full Name	<input type="text"/>
Birth Date	<input type="text"/>
SSN #	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>

Address	
Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Occupation	<input type="text"/>

### Child's Income

Child's Income

Source of Income

Location of Income

### Assets

Asset Location

Asset Type

Amount

## D. Primary Care Physician

This would be the doctor who will be called upon to answer the written Medical Deposition questions to be used as evidence at the hearing.

Full Name of Physician

Address

Phone

Child's Official Diagnosis

### Child's Children

Child's Legal Name

Address

Birth Date