

**STEPHANIE L. SCHNEIDER, P.A.**  
**NEW GUARDIANSHIP QUESTIONNAIRE (Minor Child)**

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**INSTRUCTIONS:**

**(A) PLEASE COMPLETE THE QUESTIONNAIRE COMPLETELY TO THE BEST OF YOUR ABILITY. YOU MAY CALL OUR OFFICE FOR ASSISTANCE.**

**(B) YOUR ACCURACY AND COMPLETENESS IN RESPONDING WILL HELP US TO BEST ADVISE AND REPRESENT YOU. PLEASE COMPLETE ALL PARTS OF THE QUESTIONNAIRE OR WE WILL BE UNABLE TO MEET WITH YOU.**

**GENERAL INFORMATION**

- A. Were you referred to our office and if so, by whom? \_\_\_\_\_.
- B. If not, what made you choose our office? \_\_\_\_\_.
  
- 1. Proposed Guardian's Name: \_\_\_\_\_
- 2. Guardian's Mailing Address: \_\_\_\_\_
- 3. Guardian's Residence (If different): \_\_\_\_\_
- 4. Guardian's Phone Number: Home \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_
- 5. Guardian's Date of Birth: \_\_\_\_\_
- 6. Guardian's Social Security #: \_\_\_\_\_
- 7. Is the Guardian a US Citizen? \_\_\_\_\_ Is the Guardian a resident alien? \_\_\_\_\_
- 8. Minor's Name: \_\_\_\_\_
- 9. Minor's a/k/a, if any: \_\_\_\_\_
- 10. Minor's Mailing Address: \_\_\_\_\_
- 11. Minor's Phone Number: \_\_\_\_\_
- 12. Minor's Residence: (if different) \_\_\_\_\_
- 13. Minor's Social Security #: \_\_\_\_\_
- 14. Minor's Date of Birth: \_\_\_\_\_
- 15. Minor's Place of Birth: \_\_\_\_\_

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16. Minor's Race: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_
17. Minor's Length of Time in Florida: \_\_\_\_\_
18. Is minor a U.S. Citizen? \_\_\_\_\_ Resident alien? \_\_\_\_\_
19. Attending Physician Name, Address, Phone Number: \_\_\_\_\_  
 \_\_\_\_\_
20. Describe the reason a guardianship is needed for the Minor (for example, the child inherited money; the child was injured and will receive a settlement) and provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
21. Names, phone number and addresses of Minor's parents (identify if a parent is deceased and if parents are divorced): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- If divorced, who has custody? \_\_\_\_\_
22. Name & address of bank to use as the court depository: \_\_\_\_\_  
 \_\_\_\_\_
23. Name of Petitioner (has personal knowledge of the incapacity and will sign the petition):  
 \_\_\_\_\_
24. Address/Phone # of Petitioner: \_\_\_\_\_  
 \_\_\_\_\_
25. Occupation/Title of Petitioner: \_\_\_\_\_
26. What health insurance does the minor have (list names, policy #): \_\_\_\_\_  
 \_\_\_\_\_
27. Does the minor receive or, has he/she applied for the following public assistance:

	YES	NO	Gross Monthly Amount	Date Applied
Medicaid	_____	_____	_____	_____
Supplemental Security Income	_____	_____	_____	_____

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28. Has the prospective guardian ever:
- a) Been charged with a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) Convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) Arrested for a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
  - d) Entered a plea of not guilty or no contest to a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes you must provide specific dates and details: \_\_\_\_\_

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29. Has the prospective guardian ever:
- a) Been charged with a crime other than a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) Convicted of a crime other than a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) Arrested for a crime other than a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
  - d) Entered a plea of not guilty or no contest to a crime other than a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes you must provide specific dates and details: \_\_\_\_\_

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30. Has the prospective guardian ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_  
Date: \_\_\_\_\_ Details: \_\_\_\_\_

31. Has the prospective guardian been charged with perjury, misrepresentation, fraud in a judicial or administrative proceeding: Yes \_\_\_\_\_ No \_\_\_\_\_

32. Has the prospective guardian been determined by a court to have committed child abuse or neglect? Yes \_\_\_\_\_ No \_\_\_\_\_  
Details: \_\_\_\_\_

33. Has the prospective guardian been the subject of a confirmed report of abuse, neglect or exploitation? Yes \_\_\_\_\_ No \_\_\_\_\_  
Details: \_\_\_\_\_

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**A. ASSETS**

1. Checking Account:

Bank Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Balance: \_\_\_\_\_  
Owners: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Balance: \_\_\_\_\_  
Owners: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

2. Savings Accounts:

Bank Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Balance: \_\_\_\_\_  
Owners: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Balance: \_\_\_\_\_  
Owners: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

3. Certificate of deposit:

Bank Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Balance: \_\_\_\_\_  
Owners: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

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Bank Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Balance: \_\_\_\_\_  
Owners: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

4. Money Market account:

Bank Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Balance: \_\_\_\_\_  
Owners: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Balance: \_\_\_\_\_  
Owners: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

5. Investment accounts:

Bank Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Balance: \_\_\_\_\_  
Owners: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Balance: \_\_\_\_\_  
Owners: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

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6. Stocks/Securities (individually held not in an investment account):

Name of stock: \_\_\_\_\_  
Shares: \_\_\_\_\_  
Value: \_\_\_\_\_  
Owners: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

Name of stock: \_\_\_\_\_  
Shares: \_\_\_\_\_  
Value: \_\_\_\_\_  
Owners: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

7. Life Insurance:

Company Name: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Cash surrender value: \_\_\_\_\_ Face value: \_\_\_\_\_  
Whole life: \_\_\_\_\_ Term: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Cash surrender value: \_\_\_\_\_ Face value: \_\_\_\_\_  
Whole life: \_\_\_\_\_ Term: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

8. Real Estate: \_\_\_\_\_  
\_\_\_\_\_

9. Annuities:

Company Name: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Cash surrender value: \_\_\_\_\_  
Is it currently paying (amount & frequency): \_\_\_\_\_  
Maturity date: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

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Company Name: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Cash surrender value: \_\_\_\_\_  
Is it currently paying (amount & frequency): \_\_\_\_\_  
Maturity date: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

10. Florida Prepaid College Plan:  
Account #: \_\_\_\_\_  
Cash surrender value: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Is it paid in full or installments? \_\_\_\_\_, How much monthly? \_\_\_\_\_

**B. INCOME**

1. Social Security:  
Amount of payment: \_\_\_\_\_

2. Annuity:  
Source Name & Address: \_\_\_\_\_  
Amount of payment: \_\_\_\_\_  
Frequency: \_\_\_\_\_

**C. SCHOOL INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Grade: \_\_\_\_\_

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

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We appreciate you completing the following questions as to yourself. Caregivers are especially conscientious about facilitating the care needs of those they care for. Unfortunately, they are often remiss when it comes to making the time to address their own. We wish to ensure that your personal legal needs are being addressed by taking the time to discuss these issues with you.

***“PROPER PLANNING MAY CREATE PEACE OF MIND”***

Do you have the following legal documents in place:

	<u>YES</u>	<u>NO</u>	<u>I WANT TO KNOW</u>
<b><u>MORE</u></b>			
A. Last Will & Testament	_____	_____	_____
B. Revocable Trust	_____	_____	_____
C. Durable Power of Attorney	_____	_____	_____
D. Springing Durable Power of Attorney	_____	_____	_____
E. Designation of Health Care Surrogate	_____	_____	_____
F. Living Will	_____	_____	_____
G. Organ Donation/Transplantation Request	_____	_____	_____
H. Declaration of Pre-need Guardian for a Minor	_____	_____	_____
I. Special Needs Trust for a disabled spouse or Family member	_____	_____	_____
J. Do Not Resuscitate Order	_____	_____	_____

**If you consult with us as to your personal estate planning needs within the next three (3) months you will receive a 20% discount on the consultation and on the charge for estate planning documents. Please save a copy of this page and bring it with you to your personal consultation. We look forward to serving you.**