

Date of consultation: _____

WRIGHT FAMILY LAW GROUP

1445 Main Street Tewksbury, MA 01876
Tel (978) 851-2291 • Fax (978) 851-2292

Confidential Client History

GUARDIANSHIP PROCEEDINGS

The following questionnaire is designed to help you more accurately provide information that will help us prepare court pleadings on your behalf. Please complete this form as fully and comprehensively as possible. If exact information is not known, please provide your best estimate. You may be asked at some future date to provide more precise information.

Confidential information provided on this form is protected by the attorney-client privilege and is intended for the use of your legal counsel. Any information provided in this form which is detrimental to you will not be revealed by counsel without your consent unless it is in your best interests to do so except in certain narrow and limited situations required or authorized by law. If you have any questions about the confidentiality of this information we will be pleased to answer them. Because this information is provided in confidence, we ask that your answers be as truthful, complete and accurate as possible.

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

What is the best time to reach you? _____

Email: _____

ABOUT YOU

Date of Birth: _____ SSN: _____

Place of Birth: _____ Are you a U.S. Citizen? _____

Home Address (if different from above) _____

How long have you lived at the present address? _____

Please provide your mailing addresses for the previous 2 years: _____

ABOUT BIOLOGICAL PARENTS

Mother

Mother's Name: _____ Maiden Name: _____

Address: _____ How long at current address? _____

Tel. _____ Email: _____

Date of Birth: _____ SSN: _____

Place of Employment: _____

Does this person have a history of drug or alcohol abuse? Yes No

Describe: _____

Are there domestic violence issues? Yes No

Describe: _____

Father

Father's Name: _____

Address: _____ How long at current address? _____

Tel. _____ Email: _____

Date of Birth: _____ SSN: _____

Place of Employment: _____

Does this person have a history of drug or alcohol abuse? Yes No

Describe: _____

Are there domestic violence issues? Yes No

Describe: _____

Are either or both of the parents willing to assent to a petition for guardianship? Yes No

Describe: _____

CHILDREN

1. Name _____ D.O.B. _____ Grade _____

Lives With _____

Does this child have any special health, education or behavioral issues? Yes No

If so, please provide details including names of any treatment providers:

2. Name _____ D.O.B. _____ Grade _____

Lives With _____ How long? _____

Does this child have any special health, education or behavioral issues? Yes No

If so, please provide details including names of any treatment providers:

3. Name _____ D.O.B. _____ Grade _____

Lives With _____ How long? _____

Does this child have any special health, education or behavioral issues? Yes No

If so, please provide details including names of any treatment providers:

Has there been any DCF involvement with the above named children? If so, please describe: _____

Have there been any prior court proceedings involving the children? If so, please provide the state/county where filed, date and docket number:

Please state in your own words what you believe is the highest priority in this guardianship, and what would be the best possible outcome:

ATTORNEY NOTES:
