

## GUAM FAMILY LAW OFFICE

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### GUARDIANSHIP OVER THE PERSON OF A MINOR WORKSHEET

**INSTRUCTIONS:** *Before you meet with Attorney Bill Pesch, please provide the following information. Fill out all questions to the best of your knowledge. You may attach additional sheets of paper, if needed.*

**FULL NAME OF CHILD/REN WHO IS/ARE SUBJECT OF GUARDIANSHIP:** *(Please do not use initials)*

**CHILD # 1.**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Gender: [ ] Male [ ] Female

How long has the child lived on Guam? \_\_\_\_\_

**CHILD # 2.**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

How long has the child lived on Guam? \_\_\_\_\_

**INFORMATION ABOUT THE GUARDIAN(S):** *(If there will be more than one guardian, provide requested information for each proposed guardian).*

**GUARDIAN # 1**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Place of birth: City/Town \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Job/Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Approximate Gross Monthly Salary: \_\_\_\_\_

**GUARDIAN # 2**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Place of birth: City/Town \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Job/Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Approximate Gross Monthly Salary: \_\_\_\_\_

What is the relationship between this proposed guardian(s) and the child/ren? \_\_\_\_\_

If more than one guardian, what is the relationship between the proposed guardians? \_\_\_\_\_

If the proposed guardians are married, what is the date of marriage?

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**INFORMATION ABOUT THE NATURAL PARENTS:** Give the full names, date of birth, and residential address of the child's natural parents:

Mother's full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Residential address: \_\_\_\_\_

Father's full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Residential address: \_\_\_\_\_

Does the father's name appear on the birth certificate? [ ] Yes [ ] No

Will the father agree to sign his consent to the guardianship?

[ ] Yes [ ] No [ ] Not sure

Will the mother agree to sign her consent to the guardianship?

[ ] Yes [ ] No [ ] Not sure

How did you find out about the Guam Family Law Office?

Newspaper       From sign on building

From the internet     Referral from \_\_\_\_\_

Other (Please explain): \_\_\_\_\_

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**PLEASE ATTACH A COPY OF EACH MINOR'S BIRTH CERTIFICATE**