

GUAM FAMILY LAW OFFICE

Attorney William (Bill) Pesch
173 Aspinall Ave., Suite 203, Hagatna, Guam 96910
Phone: 472-8472; Fax: 477-5873
Email: guamfamilylawoffice@gmail.com
Website: GuamFamilyLawOffice.com

GUARDIANSHIP OVER THE ESTATE 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 a consent to the guardianship?

[] Yes [] No [] Not sure

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

[] Yes [] No [] Not sure

DETAILS ON MINOR'S PROPERTY: Provide the following information.

What property has/will the minor receive(d)? (For example, is this proceeds from a life insurance policy? Social Security benefits? etc). _____

How much does/will the minor receive? If lump sum, how much: \$ _____

If minor is/will receive monthly payments, how much per month? \$ _____

If real estate, what is the legal description? _____

_____.

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

Newspaper From sign on building

From the internet Referral from _____

Other (Please explain): _____

**PLEASE ATTACH A COPY OF THE MINOR'S BIRTH CERTIFICATE &
COPY OF LIFE INSURANCE POLICY (if applicable) AND/ OR
ANY LETTER RECEIVED NOTIFYING MINOR OF THE FACT S/HE WILL SOON BE
RECEIVING MONEY OR PROPERTY.**