

DOI/LUKE

Attorneys At Law, A Limited Liability Law Company

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GUARDIANSHIP QUESTIONNAIRE

INFORMATION CONCERNING CHILD(REN)'S 1ST PROPOSED GUARDIAN

FULL LEGAL NAME (First, Middle, Last)	
FULL LEGAL NAME AT TIME CHILD(REN) BORN	
SOCIAL SECURITY NUMBER	
DATE OF BIRTH	
PLACE OF BIRTH (City/State/Country)	
TELEPHONE NUMBERS	WORK: HOME:
OTHER CONTACT NUMBERS	CELL:
EMAIL ADDRESS	
RACIAL ETHNICITY	
CITIZENSHIP	
NUMBER OF PRIOR MARRIAGES	
CRIMINAL CONVICTIONS	
EMPLOYER NAME & ADDRESS	
CURRENT OCCUPATION/JOB TITLE	
MONTHLY INCOME (BEFORE TAXES)	
OCCUPATION AT TIME CHILD BORN	

COMMENTS:

INFORMATION CONCERNING CHILD(REN)'S 2ND PROPOSED GUARDIANSHIP

FULL LEGAL NAME (First, Middle Last)	
FULL LEGAL NAME AT THE TIME CHILD WAS BORN	
FULL MAIDEN NAME	
SOCIAL SECURITY NUMBER	
DATE OF BIRTH/PLACE OF BIRTH (City/State/Country)	
Phone Numbers/Email Address	H- W- C- Email:
RACIAL IDENTITY	
CITIZENSHIP	
NUMBER OF PRIOR MARRIAGES	
CRIMINAL CONVICTIONS	
EMPLOYER NAME & ADDRESS	
CURRENT OCCUPATION/JOB TITLE	
MONTHLY INCOME (BEFORE TAXES)	
OCCUPATION AT TIME CHILD BORN	

INFORMATION CONCERNING BOTH GUARDIANS, JOINTLY

HOME ADDRESS	
HOME ADDRESS AT TIME CHILD(REN) BORN	
DATE OF THIS MARRIAGE	
PLACE OF MARRIAGE (CITY & STATE)	
CURRENT TYPE OF HOME (ie: apartment w/3 bedrooms)	
NUMBER OF PERSONS LIVING IN THE HOME (adults & children)	

. . . Information Concerning Both Guardians, Jointly, continued	
LIST ALL CHILDREN & OTHER DEPENDENTS INCLUDING THOSE NOT LIVING IN THE HOME (NAMES, AGES, AND RELATIONSHIP TO PROPOSED GUARDIANS)	
NUMBER OF YEARS CHILD(REN) FOR GUARDIANSHIP LIVED WITH YOU	
RESIDENCE ADDRESS WHEN CHILD(REN) BORN	

INFORMATION ON 1ST CHILD FOR GUARDIANSHIP:

FULL LEGAL NAME *As Stated on Birth Certificate	
SEX	
DATE OF BIRTH	
AGE OF CHILD	
PLACE OF BIRTH	
RACIAL ETHNICITY	
CHILD'S NAME AFTER GUARDIANSHIP	
SOCIAL SECURITY NUMBER	
BIRTH CERTIFICATE NUMBER	

COMMENTS:

INFORMATION ON 2ND CHILD FOR GUARDIANSHIP:

FULL NAME *As Stated on Birth Certificate	
SEX	
DATE OF BIRTH	
PLACE OF BIRTH	
RACIAL ETHNICITY	
CHILD'S NAME AFTER GUARDIANSHIP	
SOCIAL SECURITY NUMBER	
BIRTH CERTIFICATE NUMBER	

INFORMATION ON 3RD CHILD FOR GUARDIANSHIP:

FULL NAME *As Stated on Birth Certificate	
SEX	
DATE OF BIRTH	
PLACE OF BIRTH	
RACIAL ETHNICITY	
CHILD'S NAME AFTER GUARDIANSHIP	
SOCIAL SECURITY NUMBER	
BIRTH CERTIFICATE NUMBER	

INFORMATION CONCERNING BIOLOGICAL MOTHER:

CURRENT FULL LEGAL NAME (first, middle, last)	
MAIDEN NAME	
NAME AS LISTED ON BIRTH CERTIFICATE	

... Information Concerning Biological Mother, continued	
CURRENT RESIDENCE ADDRESS	
TELEPHONE NUMBERS:	WORK: HOME: CELL:
SOCIAL SECURITY NUMBER	
DATE OF BIRTH/PLACE OF BIRTH	
EMAIL ADDRESS:	
RACIAL ETHNICITY	
CITIZENSHIP	
CRIMINAL CONVICTIONS	
PRIOR MARRIAGES DATE MARRIED/DIVORCE/STATE	
MARITAL STATUS AT TIME CHILD(REN) BORN (we will need certified copies of all Decrees)	SINGLE, MARRIED, DIVORCED, WIDOWED
ADDRESS AT TIME CHILD(REN) BORN	
OCCUPATION/JOB TITLE AT TIME CHILD(REN) BORN	
CURRENT OCCUPATION/JOB TITLE	
EMPLOYER'S NAME & ADDRESS	
MONTHLY INCOME BEFORE TAXES	\$

COMMENTS:

INFORMATION CONCERNING BIOLOGICAL FATHER:

FULL LEGAL NAME (first, middle, last)	
NAME AT TIME OF CHILD'S BIRTH OR AS STATED ON CHILD'S BIRTH CERTIFICATE	
ADDRESS (or last known address)	
TELEPHONE NUMBERS	Home: Work: Cell:
EMAIL ADDRESS	
SOCIAL SECURITY NUMBER	
DATE OF BIRTH/PLACE OF BIRTH	
RACIAL ETHNICITY	
MARITAL STATUS AT TIME OF CONCEPTION & BIRTH OF CHILD (mark off appropriate ones:)	<input type="checkbox"/> unmarried at conception only <input type="checkbox"/> unmarried at conception & birth <input type="checkbox"/> married, date: <input type="checkbox"/> name of spouse <input type="checkbox"/> widowed, date: <input type="checkbox"/> separated, date:
LAST TIME FATHER MADE ATTEMPTS TO COMMUNICATE/COMMUNICATED WITH MOTHER OR CHILD? PLEASE DESCRIBE IN DETAIL WITH DATES, IF KNOWN	
HAS FATHER EVER PAID CHILD SUPPORT, AND IF SO, LAST DATE OF PAYMENT AND AMOUNT?	
IF FATHER & MOTHER WERE NEVER MARRIED, WAS PATERNITY EVER ESTABLISHED? (Father declared legal father of child through court proceedings? Name on birth certificate is not enough. If so, we need a certified copy of the Paternity Judgment.)	

<p>INDIAN TRIBAL INFORMATION (mark yes or no to each question:</p>	<p>_____ child for guardianship is a member of an Indian tribe; _____ child for guardianship is the biological child of a member of an Indian tribe; _____ child for guardianship is a certified or registered member of an Indian tribe; _____ natural mother of child is a certified or registered member of an Indian tribe; _____ natural father of child is a certified or registered member of an Indian tribe.</p>
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PLEASE SEND THE FOLLOWING DOCUMENTS

These documents become permanent records for the Family Court Guardianship File. These documents will NOT be returned. Please order additional copies from the Department of Health or Family Court (for Divorce Decrees) if these are your only documents.

- _____ Each Child’s Birth Certificate (certified copy required)
- _____ Current Marriage Certificate (certified copy required)
- _____ Divorce Decrees (certified copy required) for all divorces (if applicable)
- _____ Each child’s medical records relating to the child’s birth (obtain by requesting a set of the birth records from the hospital where the child was born)
- _____ Paternity Judgment (certified copy, if applicable)
- _____ Death Certificate of biological parent (certified copy, if applicable)

HOW DID YOU COME TO HEAR ABOUT OUR OFFICE? (please choose one)

- _____ Referral (name of person who referred you _____)
- _____ Internet Search Engine: _____ Search Words Used: _____
- _____ Social Media? _____ Which site (FB, IG, etc.): _____
- _____ Lawyers Referral Services
- _____ Other: _____