

REQUEST TO TRANSFER LEGAL GUARDIANSHIP

Name - Worker		Date	
Zone - Worker		Telephone Number - Worker	
Agency / Department			
Court Number	Date of Original Order	Date Order Expires	Name - Judge
Specific Finding 48.13 () or 938.13 (4)			

I. IDENTIFYING INFORMATION

Child

Name Date

Current Caregiver

Name Relationship Length of Time in this Placement Months

Address (Street, City, State, Zip Code)

Mother

Name Birthdate

Address (Street, City, State, Zip Code)

Father

Name Birthdate

Address (Street, City, State, Zip Code)

Proposed Guardian / Co-Guardian

Name Telephone Number

Address

II. FINANCIAL INFORMATION

Yes No Is child eligible for Veterans Benefits?
 Yes No Is child eligible for SSI or SSA?
 Yes No Is child eligible for any other income?
 If Yes, what type?

III. SPECIFIC REASONS FOR TRANSFER OF GUARDIANSHIP

Child(ren) are in need of a guardian in that:

IV. AGREEMENT OF PARTIES TO TRANSFER GUARDIANSHIP



Yes No Is the parent in agreement with the guardianship transfer?
 Date discussed with parents:



If the parents whereabouts are unknown, how long have they been unknown?

Yes No I have discussed the duties and responsibilities of a legal guardian and the proposed guardian understands them and is willing to assume them?
Date discussed:

Complete the following only if you wish to transfer guardianship and custody and dismiss CHIPS.
 Yes No Do you wish to have legal custody as well as guardianship transferred?
 Yes No Do you plan on closing your case?

V. SIGNATURES

Name - Worker
 

SIGNATURE - Worker
 

Date Signed

Name  pervisor

SIGNATURE - Supervisor

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