

GUARDIAN OF MINOR INFORMATION FORM
COMMONWEALTH OF VIRGINIA

Court File No.:

Circuit Court of

1. Minor's full name

2. Residence address (street, city, state)

3. Date of birth: Place of birth:

4. Qualification requested: guardian of person guardian of estate temporary guardian

5. Name of person making request:

6. Mailing address

7. Basis for qualification: court order decedent's will other (specify)

8. Name of person seeking qualification:

8a. Relationship to minor, if any

9. Day telephone Night telephone

10. Residence address

11. Mailing address, if different

12. Name of additional person seeking qualification:

12a. Relationship to minor, if any

13. Day telephone Night telephone

14. Residence address

15. Mailing address, if different

16. Name of assisting attorney, if any Telephone

17. Attorney's mailing address

I hereby certify that to the best of my knowledge and belief this is an accurate statement of facts, and I acknowledge a continuing legal duty to report any later discovered errors or inconsistencies to the Clerk of Court.

.....

DATE

.....

PRINTED NAME OF REQUESTING PERSON

.....

SIGNATURE OF REQUESTING PERSON

INFORMATION TO BE FURNISHED BY EACH PERSON SEEKING QUALIFICATION

18. Have you ever been convicted of a felony? yes no.

19. Have you ever filed for bankruptcy? yes no.

20. Are you now, or have you ever been, an attorney at law in Virginia or elsewhere? yes no. (If yes, and you do not now possess an active license from the Virginia State Bar, explain the details on a separate sheet of paper.)

21. The value of the minor's personal property (see instructions) is \$

The value of the minor's real estate (see instructions) is \$

The total value of the minor's entire estate (see instructions) is \$

I (we) hereby certify that to the best of my (our) knowledge and belief this is an accurate statement of facts, and I (we) acknowledge a continuing duty to report any later discovered errors or inconsistencies to the Clerk of Court.

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DATE

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PRINTED NAME OF PERSON SEEKING QUALIFICATION

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SIGNATURE OF PERSON SEEKING QUALIFICATION

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