



**GUARDIANSHIP PLANNING FOR UNDOCUMENTED IMMIGRANTS
CVLS INTAKE FORM**

DATE OF CLINIC: _____ LOCATION: _____

PARENTS OF MINOR(S):

MOTHER: _____

ADDRESS: _____

PHONE: _____ DOB: _____

NATIONALITY & ID NUMBER: _____

FATHER: _____

ADDRESS: _____

PHONE: _____ DOB: _____

NATIONALITY & ID NUMBER: _____

MINOR CHILDREN:

NAME: _____

DOB: _____ GENDER: _____

RESIDES WITH: _____

NAME: _____

DOB: _____ GENDER: _____

RESIDES WITH: _____

NAME: _____

DOB: _____ GENDER: _____

RESIDES WITH: _____

LIST OTHERS, IF APPLICABLE

**Has any child been the subject of a custody, guardianship or similar order?
If yes, identify the child, the court and the date of the order.**

PROPOSED SHORT-TERM GUARDIAN:

NAME: _____

ADDRESS: _____

PHONE: _____ DOB: _____

RELATION TO PARENT: _____

RELATION TO MINOR: _____

LEGAL SERVICES PROVIDED

ADVICE PROVIDED:

OTHER NOTES:

PLEASE MAKE A COPY OF ALL DOCUMENTS PREPARED. PLEASE TURN IN THIS FORM AND ALL COPIES TO CVLS STAFF AT THE END OF THE DAY. THANK YOU!