

STATE OF VERMONT

SUPERIOR COURT
Unit

PROBATE DIVISION
Case No. _____

In re Guardianship of: []

PETITION TO APPOINT CUSTODIAL GUARDIAN FOR A MINOR

I ask the court to appoint a guardian for the minor child, _____
In support of this request, I state under oath:

1. Reason for Guardianship

The minor is a child in need of guardianship for the following reasons: (check all that apply)

- No parent objects and the transfer of custody is in the best interest of the minor and is not solely for the purpose of establishing a residence for school purposes.
One or both parents are under guardianship.
One or both parents are incompetent or unsuitable to have custody of the minor.
The minor has no living parent authorized to act as guardian.
The parent of the minor resides outside the state and has so resided for three years and has not contributed to the minor's support during that time, and the minor has resided in the state three years prior to the date of appointment.

Describe the specific reasons why a guardianship is necessary:

Three horizontal lines for text entry.

2. Information about the Minor: (You must provide the Court with a copy of the child's birth certificate when you file the petition.)

Table with 4 columns: Name of Minor, DOB, Age, Grade; Current Address where Minor resides, Town, State, Zip; Current Mailing Address if different, Phone Number.

3. During the last five (5) years the minor has resided at the following addresses: (Begin with the address listed above. List all household members)

Table with 3 columns: Address (Include Street, City/Town and State), Dates From When to When, Names of all persons residing in the household with the child.

4. Is the child:

A member of a federally recognized Indian tribe? Yes No

Eligible for membership in a federally recognized Indian tribe and the biological child of a member of an Indian tribe? Yes No

5. Is the child in school?

Yes No

If yes, indicate the name and location of the school: _____

The child's current grade level is: _____

6. Information about the parents of the minor (If either parent is deceased, you must provide a copy of the death certificate.)

a.	Name of Parent #1	DOB	Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	Age
	Mailing Address for Parent #1	Town	State	Zip
	Residential Address if different	Town	Phone Number	
b.	Name of Parent #2	DOB	Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	Age
	Mailing Address for Parent #2	Town	State	Zip
	Residential Address if different	Town	Phone Number	

c. If you cannot provide a valid name and/or address for one or both parents, please describe in detail the efforts that have been made to locate the parent or parents. If the identity of the father is unknown, provide all of the information you can about potential fathers and any prior paternity proceedings.

d. Parents' Position Regarding Guardianship

Parent #1 is in agreement with guardianship for minor: Yes No Don't Know

Parent #2 is in agreement with guardianship for minor: Yes No Don't Know

7. Status of Legal Custody of Minor

a. The following person or person(s) currently has/have parental rights and responsibilities (legal custody) for the minor:

<i>Name(s)</i>	<i>Relationship to Minor</i>
<i>Mailing Address</i>	
Legal custody was granted by a court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Name and address of court</i>	

b. There is a pending proceeding involving custody, parental rights and responsibilities or parent child contact (visitation): Yes No

If yes, provide the name and address of the court and the case number:

PLEASE PROVIDE COPIES OF ANY COURT ORDERS WITH YOUR FILING

8. Other legal proceedings involving the minor child, parent or proposed guardian (check all that apply).
For each proceeding, check the person or persons involved in the proceeding)

- | | | | |
|---|--------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Juvenile delinquency | <input type="checkbox"/> minor | <input type="checkbox"/> parent | <input type="checkbox"/> guardian |
| <input type="checkbox"/> CHINS (Child in Need of Care or Supervision) | | | |
| Abuse/Neglect or Unmanageable | <input type="checkbox"/> minor | <input type="checkbox"/> parent | <input type="checkbox"/> guardian |
| <input type="checkbox"/> Domestic Violence | | | |
| (relief from abuse or restraining order) | <input type="checkbox"/> minor | <input type="checkbox"/> parent | <input type="checkbox"/> guardian |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> minor | <input type="checkbox"/> parent | <input type="checkbox"/> guardian |
| <input type="checkbox"/> Paternity | <input type="checkbox"/> minor | <input type="checkbox"/> parent | <input type="checkbox"/> guardian |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> minor | <input type="checkbox"/> parent | <input type="checkbox"/> guardian |
| <input type="checkbox"/> Conviction for a crime | <input type="checkbox"/> minor | <input type="checkbox"/> parent | <input type="checkbox"/> guardian |
| <input type="checkbox"/> Other Court proceeding | <input type="checkbox"/> minor | <input type="checkbox"/> parent | <input type="checkbox"/> guardian |

Specify type of proceeding: _____

9. Is DCF (Department for Children and Families) involved with this child? Yes No

If yes, provide the name of the DCF social worker, if known: _____

10. Is there an existing child support order for this child? Yes No

If the guardianship is approved, does the proposed guardian expect to receive child support or financial benefits for the child? Yes No

11. Is the child a recipient of social security benefits? Yes No

If yes, provide the name of the representative payee, if known:

12. Is there an existing parent child contact (visitation) order that affects the child? Yes No

If yes, either attach a copy of the most recent court order or provide information about the order including the schedule of contact, the name of the person entitled to contact and whether the contact currently takes place: _____

13. Is there any reason why the child should not have contact with the parents? Yes No

If yes, describe the reasons in detail:

14. Information about Proposed Guardian and Co-Guardian, if any:

Guardian	Name of proposed guardian		DOB	
	Mailing Address	Town	State	Zip
	Phone Number			
	Relationship between proposed guardian and minor child:			
	<input type="checkbox"/> Relative		<input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other	
If there is a proposed co-guardian, provide information below about that person				
Co-Guardian	Name of proposed co-guardian		DOB	
	Mailing Address	Town	State	Zip
	Phone Number			
	Relationship between proposed co-guardian and minor child			
	<input type="checkbox"/> Relative		<input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other	

15. List all persons residing in the proposed guardian’s home, their date of birth, and the relationship to the minor child. Each member of the household over the age of 16 will be subject to a record check and must fill out the ‘Consent for Release of Information for Guardianship Proceedings’, form 700-00407.

Name of Household Member	Date of Birth	Relationship to Child

Add an additional page if necessary

16. Change of School

Does the proposed guardian intend to change the child’s school? Yes No Don’t Know
If yes, provide the name and address of the school the child will attend.

17. Answer the following questions by checking the box if the statement is true.

If your answer to any of the questions is yes, please explain your answer on an additional page.

- a. I have participated as a party, witness, or in some other way in a court case about the custody of this child either in Vermont or another state. Yes No
- b. I have information about a custody case concerning this child that is now pending in a Vermont court or a court in another state. Yes No
- c. I have knowledge about a person who is not a party to this case who has physical custody of this child or who claims to have custody or visitation rights to this child Yes No
- d. *If you answered yes to any of the questions above, please explain:*

THEREFORE, I/we request that the court appoint a guardian for the minor child. By signing this petition, I/we certify that I/we have read the petition and that to the best of my/our knowledge, information and belief, the facts set forth in the petition are true and that the petition is not filed for any improper purpose such as to harass or cause unnecessary delay or needless litigation.

I/we declare that the above statements are true and accurate to the best of my/our knowledge and belief. I/we understand that if the above statements are false, I/we will be subject to the penalty of perjury or to other sanctions in the discretion of the court.

Petitioner 1 Information

Date: _____

Signature _____

Printed Name _____

Mailing Address

Phone Number _____

Email Address _____

Petitioner 2 Information

Date: _____

Signature _____

Printed Name _____

Mailing Address

Phone Number _____

Email Address _____

Attachments

- Filing fee payable to the Vermont Superior Court, Probate Division
- List of Interested Persons
- A copy of the birth certificate of the minor child*
- A consent to the guardianship signed by Parent #1
- A consent to the guardianship signed by Parent #2
- A consent to the guardianship signed by the proposed guardian
- Copies of any court orders that currently affect the child
- If either parent is deceased, a copy of the death certificate*
- Guardian’s Consent to Background Checks

*Check with the probate court where you will file the petition to see if the court requires that birth certificates and death certificates be certified.