

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**REQUEST FOR INFORMATION GUARDIANSHIP FORM**  
**(FOR COURT USE ONLY)**

SCR USE ONLY:

Request I.D. #

Date of request:

/ /

Section 1706 of the Surrogate's Court Procedure Act and Section 81.19(g) of the Mental Hygiene Law require that an inquiry be made of the New York Statewide Central Register of Child Abuse and Maltreatment as to whether the proposed guardian or any other individual eighteen years of age or over who resides in the home of the proposed guardian is a subject of an indicated child abuse or maltreatment report.

RESOURCE ID #	COURT LIAISON	AREA CODE/PHONE # ( ) -
DOCKET FILE #	COURT NAME AND ADDRESS	ZIP CODE

**INFORMATION CONCERNING PROPOSED GUARDIAN(S) AND MEMBERS OF THE HOUSEHOLD - Please Print Clearly.**

Complete each column for every household member regardless of age. The proposed guardian(s) are listed first with maiden name or alias listed directly below each individual. If there is no maiden name or alias for that individual please write **"NONE"** in the row underneath that individual's name. For all other household members, indicate his/her relationship to the guardian in the second column using the relationship to guardian code on the reverse of this form. List the maiden name or alias for that household member in the row below their name indicating maiden or alias or **"NONE"** if applicable.

RELATIONSHIP TO GUARDIAN CODES: (see page 2 for codes)	LAST NAME (Please print clearly)	FIRST NAME (Please print clearly)	MI	SEX X	DATE OF BIRTH (mm/dd/yyyy)
(G) Guardian	Smith	John		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	02 / 01 / 1979
(M) Maiden/alias	NONE	NONE		<input type="checkbox"/> M <input type="checkbox"/> F	/ /
E Brother	Smith	Jeremy		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	03 / 01 / 1998
M	NONE	NONE		<input type="checkbox"/> M <input type="checkbox"/> F	/ /
E Uncle	Smith	Jacob		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	04 / 01 / 1982
M	NONE	NONE		<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /

Please provide your **CURRENT ADDRESS** and any **PREVIOUS ADDRESSES** at which you have resided over the **last 28 years**, including **CITY, STATE, and ZIP CODE** for each individual being cleared.  
Include month/year in the FROM and TO columns. Attach additional pages if necessary.

CURRENT ADDRESS: STREET 1234 Main Street	CITY Brooklyn	STATE NY	ZIP 12345	FROM (mo/yr) 05/02	TO (mo/yr) /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /

**ADDRESS HISTORY FOR OTHER PERSON(S) 18 YEARS OLD OR OLDER, RESIDING WITH PROPOSED GUARDIAN.**

Include month/year in the FROM and TO columns. Attach additional pages if necessary.

LAST NAME & MAIDEN/ALIAS Smith / No maiden or alias			FIRST NAME Jeremy		MI
CURRENT STREET ADDRESS 1234 Main Street	CITY Bronx	STATE NY	ZIP 12345	FROM (mo/yr) 06/10	TO (mo/yr) /
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /

PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /

\* ADDITIONAL SPACE PROVIDED ON REVERSE SIDE OF FORM

Mail your completed **OCFS-4627, Request for Forms and Publications** to the: **Office of Children and Family Services, Mailroom, 52 Washington Street, Rensselaer, NY 12144**. If you have difficulty accessing the form from the web-site, you can call the **Forms Request Line** at: **518-473-0971** and leave a detailed message to receive one.

[illegible]

PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /
LAST NAME		FIRST NAME			M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /

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