OCFS-3909 (Rev. 10/2016) FRONT

LAST NAME & MAIDEN/ALIAS

CURRENT STREET ADDRESS

PREVIOUS STREET ADDRESS

1234 Main Street

Smith / No maiden or alias

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:	

MI

TO (mo/yr)

TO (mo/yr)

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.

RE	ESOURCE ID#		COURT LIAISON						AREA CODE/PHONE #			
DO	OCKET FILE #		COURT NAME AND ADDRESS					Z	ZIP CODE			
or ur	omplete each alias listed aderneath the olumn using	h colum directly at indiv the rela	CERNING PROPOSED GUARI in for every household membe below each individual. If there idual's name. For all other ho tionship to guardian code on th name indicating maiden or alias	r regardles is no mai usehold m e reverse (ss of age. The propoden name or alias for the second of this form. List the	osed guard for that ind is/her relat	lian(s) are ividual ple ionship to	listee ease the	ed first v write "I e guard	vith m NONE ian in	aiden name in the row the second	
TO	CODES: (see age 2 for codes)		LAST NAME (Please print clearly)		FIRST I (Please pri			MI	SE X		E OF BIRTH nm/dd/yyyy)	
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(M)	Maiden/alias		NONE		NO	NE			□ M □ F	1	1	
E	Brother		Smith		Jere	emy			⊠ M □ F	03 /	01 / 1998	
М			NONE		NO	NE			□ M □ F	1	1	
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^{*} ADDITIONAL SPACE PROVIDED ON REVERSE SIDE OF FORM

RESOURCE ID #	Record Resource ID # as appropriate. If you need assistance, email: mailto:ocfs.sm.conn_app@ocfs.ny.gov							
DOCKET/FILE #:	Record your Court Docket File # as appropriate	Record your Court Docket File # as appropriate.						
COURT LIAISON:	Record Name of Court Liaison.							
Relationship to Guardian Codes: (list the code and/or the relationship as appropriate)	 M – Maiden name/alias (must be completed for E – 18-year-old or older (residing in a proposed F – Family member (under 18 years of age) 	 G – Guardian(s) (at least one person must be designated) M – Maiden name/alias (must be completed for every guardian) E – 18-year-old or older (residing in a proposed guardian's household) F – Family member (under 18 years of age) O – Other household member (under 18 years of age) 						
Mail your complete Guardianship For	d OCFS-3909, Request for Information m to the:	For questions regarding how to fill out the OCFS-3909, Request for Information Guardianship Form call:						
New York Statewide Central Register of Child Abuse and Maltreatment, Attn: Service Center Unit P.O. Box 4480, Albany, N.Y. 12204-0480		(518-474-1567)						

To order a supply of the form, OCFS-3909, Request for Information Guardianship: Please access and completely fill out form OCFS-4627, Request for Forms and Publications from the Internet: http://ocfs.ny.gov/main/documents/defaultkeyword1.asp

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.

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