

In order to complete the 3909-form you will need to list the names and addresses of the household of the proposed guardian(s). The court requires the residential history for the last 28 years starting from present date and working backwards. The names of the proposed guardian(s) are listed first, followed by the maiden name, if applicable. If there is no maiden name, then write the word "none".

Our mock family information is as follows:

The family is made up of two proposed guardians (the mother and father of the proposed ward), the uncle of the proposed ward and the proposed ward himself. These individuals all live in the same household.

(Mother of the proposed ward – DOB 06/27/1977)

Name: Maria Doe and her maiden name is Maria Smith

Her addresses for the last 28 year are as follows:

- 123 Safe Drive, Staten Island, N.Y. 10314 6/2010 – present date
- 58 Guardianship Drive, Staten Island, N.Y. 10301 10/2009-06/2010
- 220 Littletown Road, Brooklyn, N.Y. 11218 05/2007-10/2009
- 345 18th Street, Brooklyn, N.Y. 11218 02/2004-05/2007
- 5 Judge Street, Brooklyn, N.Y. 11218 09/1992-02/2004

(Father of the proposed ward – DOB 12/31/1969)

John Doe

- 123 Safe Drive, Staten Island, N.Y. 10314 6/2010 – present date
- 58 Guardianship Drive, Staten Island, N.Y. 10301 10/2009-06/2010
- 220 Littletown Road, Brooklyn, N.Y. 11218 01/1992-10/2009

(Uncle of the proposed ward – DOB 01/01/1970)

Jack Doe

- 123 Safe Drive, Staten Island, N.Y. 10314 6/2010 – present date
- 58 Guardianship Drive, Staten Island, N.Y. 09/1992-06/2010

(Proposed ward – DOB – 12/31/2009)

Michael Doe

- 123 Safe Drive, Staten Island, N.Y. 10314 6/2010 – present date
- 58 Guardianship Drive, Staten Island, N.Y. 12/2009-06/2010

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	DATE OF BIRTH (mm/dd/yyyy)
(G) Guardian				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
(M) Maiden/alias				<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	/ /
				<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	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) / /
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	FIRST NAME	MI
CURRENT STREET ADDRESS	CITY	STATE ZIP
PREVIOUS STREET ADDRESS	CITY	STATE ZIP
PREVIOUS STREET ADDRESS	CITY	STATE ZIP
PREVIOUS STREET ADDRESS	CITY	STATE ZIP
PREVIOUS STREET ADDRESS	CITY	STATE ZIP
PREVIOUS STREET ADDRESS	CITY	STATE ZIP

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.
COURT LIAISON:	Record Name of Court Liaison.
Relationship to Guardian Codes: (list the code and/or the relationships appropriate)	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 completed OCFS-3909, Request for Information Guardianship Form to the: New York Statewide Central Register of Child Abuse and Maltreatment, Attn: Service Center Unit P.O. Box 4480, Albany, N.Y. 12204-0480	For questions regarding how to fill out the OCFS-3909, Request for Information Guardianship Form call: <p style="text-align: center;">(518-474-1567)</p>

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.

ADDITIONAL ADDRESSES

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

skip a line in between a new name

