

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 18<sup>th</sup> 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



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

