

## Instructions - OCFS 3909 Request for Information Guardianship form

To complete the OCFS 3909 form, list the names and addresses of everyone living in the proposed guardian's household.

The court requires a residential history for the past 28 years, starting with the current address and working backward.

List the proposed guardian(s) first. Include a maiden name or alias, if applicable. If there is no maiden name, write "none."

### Example household:

This example includes two proposed guardians (the proposed ward's mother and father), the proposed ward, and the proposed ward's uncle. 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 years 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), Name: John Doe*

Address History:

- 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*

Address History:

- 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*

Address History:

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

**Note: Leave the Resource ID and Court Liaison sections blank. They will be completed by court personnel.**

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	/ /
G Guardian				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
E Uncle				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
E Child				<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 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) / / / /
PREVIOUS STREET ADDRESS	CITY	STATE ZIP FROM (mo/yr) TO (mo/yr) / / / /

<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 new names.