NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

REQUEST FOR INFORMATION GUARDIANSHIP FORM FOR COURT USE ONLY

SCR USE ONLY:
Request I.D. #

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

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.

Date of Request / /

INFORMATION CONCERNING PROPOSED GUARDIAN(S) AND MEMBERS OF THE HOUSEHOLD

Relationship To Guardian	LAST NAME (Print one letter in each box)	FIRST NAME (Print one letter in each box)	MI	SEX	DATE OF BIRTH		
					M	D	Y
Guardian							
Maiden or Alias							
Guardian							

Please provide your current address and any other addresses at which you have resided for the last 28 years, including city and state for each individual being cleared. **(Attach additional page if necessary).**

CURRENT ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO

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

LAST NAME & MAIDEN/ALIAS	FIRST NAME	MI

PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO

*** ADDITIONAL SPACE PROVIDED ON REVERSE SIDE OF FORM**

RESOURCE ID # Record Resource ID # as appropriate. If you need assistance, email: ocfs.sm.conn_app@ocfs.state.ny.us

DOCKET/FILE #: Record your Court Docket File # as appropriate.

COURT LIAISON: Record Name of Court Liaison.

Relationship to Applicant

G – Guardian (S) (at least one person must be so designed)

M – Maiden Name/Alias must be completed for every guardian ("G")

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

Inquiry concerning Guardianship/Statewide Central Register completed form (OCFS-3909) should be sent to:

The New York Statewide Central Register
Of Child Abuse and Maltreatment
P.O. Box 4480, Attn: Service Center Unit
Albany, N.Y. 12204-0480

ADDITIONAL ADDRESSES

LAST NAME		FIRST NAME			M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
LAST NAME		FIRST NAME			M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
LAST NAME		FIRST NAME			M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
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LAST NAME		FIRST NAME			M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO

TO ORDER A SUPPLY OF OCFS-3909 FORMS:
Please access the **Request for Forms and Publications, (OCFS-4627)** from the Internet:
http://www.ocfs.state.ny.us/main/forms/management_services/

Mail your completed **Request for Forms and Publications, (OCFS-4627)** to the **Office of Children and Family Services, Forms Management Unit, Resource Distribution Center, 11, Fourth Ave, Rensselaer, NY 12144-2629.** If you have difficulty accessing the form from the web-site, you can call **The Forms Hot Line at: 518-473-0971**.