GRANDPARENT RIGHTS CLIENT INTAKE QUESTIONNAIRE:

CONFIDENTIAL. Courts respect a parent's right to decide who spends time with their child, so grandparents may request visitation only in certain situations, and the court must find that visitation is in the child's best interest. This questionnaire helps us determine whether you qualify and which options fit your situation (visitation, custody, or guardianship). Laws vary by state. If a question does not apply, write "N/A." If unknown, write "Unknown."

NAME OF THE CLIENT(s) / GRANDPARENT(s):

[__] Grandparent 1: _____

[__] Grandparent 2 (if applicable): _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Syndicate Plan Member ID: _____ Plan Start Date: _____

Preferred method of contact:

[__] Phone [__] Text [__] Email

Your relationship to the child(ren):

[__] Maternal grandparent [__] Paternal grandparent

[__] Step-grandparent [__] Great-grandparent

PART 1 — WHAT DO YOU NEED?

1.1 Check all that apply:

[__] Visitation with my grandchild(ren)

[__] Custody — the child lives with me

[__] Guardianship of my grandchild

[__] Authority for school / medical decisions

[__] Join an existing divorce or custody case

[__] Enforce an existing visitation order

[__] Respond to a request to change or end my visitation

[__] Adopt my grandchild *

[__] Child protective services (CPS) case involving my grandchild

[__] Not sure — need advice

** For adoption, please also complete our Adoption Intake Form.*

1.2 In your own words, what is happening and what would you like to accomplish? _____

_____

_____

_____

PART 2 — YOUR GRANDCHILD(REN)

Child's Name	Date of Birth	Age	Lives With	State Lived In (last 6 months)

2.1 Does any grandchild have special medical, educational, or emotional needs? [__] Yes [__] No

If yes, explain: _____

_____

PART 3 — THE CHILD'S PARENTS

Parent Information	Parent 1	Parent 2
Full name		
Relationship to you (your child, in-law, other)		
City / state		
Phone		
Living, deceased, or whereabouts unknown		
Incarcerated or institutionalized?		
Has a lawyer?		

3.1 The parents' current relationship:

[__] Married and living together [__] Married but living apart

[__] Divorced [__] Legally separated

[__] Never married, living together [__] Never married, living apart

3.2 Has either parent's parental rights been terminated? [__] Yes [__] No

3.3 Has the child been adopted by a stepparent? [__] Yes [__] No

PART 4 — DO YOU QUALIFY TO REQUEST VISITATION?

In California, a grandparent may generally petition for visitation only if at least one of the following applies. Many other states have similar rules.

4.1 Check all that apply:

[__] The parents are separated or divorced (living apart indefinitely)

[__] One parent is incarcerated or involuntarily institutionalized

[__] One parent's whereabouts have been unknown for more than one month

[__] One parent supports and will join my request

[__] The child does not live with either parent

[__] The child was adopted by a stepparent

[__] A parent has died

[__] None of these apply / not sure

If the parents are married, living together, and both object to visitation, courts generally will not order grandparent visitation.

PART 5 — YOUR RELATIONSHIP WITH YOUR GRANDCHILD

Courts look for an existing bond between grandparent and grandchild.

5.1 Before contact was limited, how often did you see the child?

[__] Daily [__] Weekly [__] Monthly

[__] Holidays / occasionally [__] Rarely

5.2 Has the child ever lived with you? [__] Yes [__] No

If yes — dates: _____

5.3 Care and activities you have provided (babysitting, school pickup, overnight stays, holidays, financial support): _____

_____

_____

5.4 Date of your last visit: _____ Last phone / video contact: _____

5.5 Why was contact limited or stopped? _____

_____

_____

5.6 What have you done to try to arrange visits, and how did the parents respond? _____

_____

PART 6 — EXISTING CASES

Type of Case (divorce, custody, CPS, adoption, guardianship)	Court / County / State	Case No.	Status

6.1 Do you already have a visitation or custody order? [__] Yes [__] No

If yes — date and summary: _____

PART 7 — THE CHILD'S BEST INTEREST & SAFETY

7.1 Is any grandchild 14 or older? Have they expressed a wish to see you? [__] Yes [__] No

If yes, explain: _____

7.2 Do you have concerns about the child's safety with either parent? [__] Yes [__] No

If yes, check concerns:

[__] Abuse or neglect [__] Drug or alcohol abuse [__] Domestic violence

[__] Mental health concerns [__] Unsafe home [__] Other

If a child is in immediate danger, call 911. Serious safety concerns may support custody or guardianship rather than visitation.

7.3 Any DV, substance abuse, or criminal history in YOUR home? [__] Yes [__] No

If yes, explain: _____

The court considers the history of everyone seeking visitation, including grandparents and others in their home.

7.4 Do you have any health or mobility issues that affect caring for the child? [__] Yes [__] No

PART 8 — WHAT YOU ARE ASKING FOR

8.1 Proposed visitation schedule (for example, one weekend a month, holidays, video calls): _____

8.2 Where would visits take place, and who would provide transportation? _____

8.3 If the Child Lives With You:

Date the child began living with you: _____ Why: _____

Parents' position:

[__] Parents agree to custody / guardianship [__] One parent agrees

[__] Parents object [__] Parents cannot be reached

Do you need authority now to enroll the child in school or consent to medical care? [__] Yes [__] No

PART 9 — DOCUMENT CHECKLIST

Please provide copies of the following, if available. Check each item you are including.

[__] Existing custody / visitation orders [__] Divorce or custody court papers

[__] Photos of time with grandchild [__] Cards, texts, emails with child / parents

[__] Calendar / log of past visits [__] Parent's death certificate

[__] Proof of parent incarceration [__] CPS / police reports

[__] Child's school / medical records [__] Letters of support

Syndicate Subscription Legal Plans

Certification:

I/We declare that the information provided in this questionnaire is true, correct, and complete to the best of my/our knowledge. I/We understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating my/our grandparent rights matter.

Signed and dated this ____ day of _____, 20___

Signature (Grandparent 1): _____

Print Name: _____

Signature (Grandparent 2): _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.