



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
 DIVISION OF PUBLIC WELFARE
 BUREAU OF SOCIAL SERVICES ADMINISTRATION
 194 Hernan Cortez Avenue, Suite 309
 Hagatna, Guam 96910-5052
 Telephone No: (671) 475-2653/2672



CHARACTER REFERENCE FORM

Note: Please type or print legibly in black or blue ink.

NAME OF APPLICANT/PETITIONER/PARTY: _____

Type of Case: Adoption/TPR Custody Foster
 Child Care Center

The information submitted in this character reference form will assist the Social Worker in assessing the above-named individual as a suitable caretaker of child(ren).

This form is to be filled out by a reference who is a non-relative and has known the individual for at least one (1) year.

For Inter-Country Adoption Board (ICAB) cases, reference must know the individual for at least 5 years and must be from a church minister or priest, employer and member of the community.

Only three (3) character references are required and will be accepted for each individual.

Answer the following questions below: *(Use an additional sheet of paper if necessary)*

A. What is your relationship to the individual?

B. How long have you known the individual?

C. How often and where do you meet? (*Specify if social, business, church, etc.*)

D. What are your opinions of the above-named individual? (*i.e., character, personality traits, moral values, etc.*)

E. Have you observed any interactions between the above-named individual and the child(ren) involved or any other child(ren)? Yes No

If Yes, please describe in detail your observation of the interactions.

F. What are your recommendations regarding the individual's intent to serve the best interest of the child(ren) involved or children in general?

REFERENCE:

NAME: _____

RESIDENTIAL ADDRESS: _____

CONTACT NUMBERS: Home: _____
Work: _____
Other: _____

E-MAIL ADDRESS: _____

**THE INFORMATION GIVEN BY ME IN THIS CHARACTER REFERENCE FORM
IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

Signature

Date