



In the Superior Court of the State of California
In and for the County of Kings

GUARDIANSHIP QUESTIONNAIRE
 (For relative cases)

(local form)

FOR COURT USE ONLY (RECEIVED ON):

Case Number:

Hearing date (if applicable):

Instructions to Petitioner:

The questionnaire is important in introducing you and your situation to the investigator handling your case. Attach additional pages, as needed. In order to begin the investigation ordered by the Court, each petitioner must complete a questionnaire and return it, along with your completed investigation packet to:

KINGS COUNTY SUPERIOR COURT
 1426 South Drive
 Hanford, CA 93230
 Attention: Probate Clerk

Hearing Date (if applicable):

Name of Child (1):	DOB:
Name of Child (2):	DOB:
Name of Child (3):	DOB:
Name of Child (4):	DOB:
Address of Child (1):	
Address of Child (2):	
Address of Child (3):	
Address of Child (4):	

Proposed Guardian Information

Name of Proposed Guardian:				
Other Names Used (Include maiden name):				
Relationship to Child:				
Age:	DOB:	Place of Birth:		
Address:		City:	State:	Zip:
Home Phone:		Business Phone:		
Sex:	Height:	Weight:	Eyes:	Hair:
Driver's License No.		Social Security No.		

Provide previous residential history (Past 10 years):

Natural Mother of Child

Name:			
Address: <i>(If unknown, last known address)</i>			
City:	State:	Zip:	Phone:
Height:	Weight:	Eyes:	Hair:
Driver's License No.		Social Security No.	
DOB:	Place of Birth:		
Date and location of last contact with child:			

Natural Father of Child (1)

Name:			
Address: <i>(If unknown, last known address)</i>			
City:	State:	Zip:	Phone:
Height:	Weight:	Eyes:	Hair:
Driver's License No.		Social Security No.	
DOB:	Place of Birth:		
Date and location of last contact with child:			

Natural Father of Child (2)

Name:			
Address: <i>(If unknown, last known address)</i>			
City:	State:	Zip:	Phone:
Height:	Weight:	Eyes:	Hair:
Driver's License No.		Social Security No.	
DOB:	Place of Birth:		
Date and location of last contact with child:			

Natural Father of Child (3)

Name:			
Address: <i>(If unknown, last known address)</i>			
City:	State:	Zip:	Phone:
Height:	Weight:	Eyes:	Hair:
Driver's License No.		Social Security No.	
DOB:	Place of Birth:		
Date and location of last contact with child:			

Natural Father of Child (4)

Name:

Address:

(If unknown, last known address)

City:

State:

Zip:

Phone:

Height:

Weight:

Eyes:

Hair:

Driver's License No.

Social Security No.

DOB:

Place of Birth:

Date and location of last contact with child:

Other Children of Mother or Father

Name:

Age:

DOB:

Address (with whom?):

Employment Data of Proposed Guardian

Occupation:

If unemployed, what are your employment plans?

Present or last employer:

Address:

Work days & hours:

Employment began:

Ended:

Previous Employer:

Employment began:

Ended:

Reason ended:

Marital History of Proposed Guardian

(List all marriages)

Name
(To Whom)

Date & Place

How Terminated
(Divorce, Death)

Date Separated

Final

How would you rate the stability of your current marriage?

Was there ever any domestic violence in any of the marriages? Yes No

If yes, please explain:

Proposed Guardian's Children
(Include adult children, first & last names)

Name (list all)	Age	DOB	Children's Address (if different than parent)

Do any of the Proposed Guardian's children have criminal histories or involvement with Child Protective Services? Yes No If yes, please explain:

Professional Practitioners of Proposed Guardian
(Medical doctors, psychiatrists, psychologists, counselors, social workers, etc.)

Name & Title	Last Contact	Address	Phone

Education

High School graduate?	Year:	Where:
If not, grade last attended:		Age left school:
Reason for leaving:		
College or University Attended	Degree/Units	Major

Health

Insurance:

Present health status: Good Fair Poor

If fair or poor, please explain:

Special health problems:

Have you ever had a substance abuse problem with any of the following?
 Alcohol Yes No Drugs Yes No

If yes to any of the above, please explain:

List all medications currently taking:

Criminal Record

Have charges ever been filed against you for any crime other than a traffic violation?

Yes No If yes, please specify:

List Arrests	Where	When	Charge

Are you currently on Probation?

Officer's Name:

Are you currently on Parole?

Agent's Name:

Have you ever been involved with Child Protective Services?

Yes No If yes, please explain:

Family Functioning of Proposed Guardian

Do you have a religious affiliation? Yes No Place of Worship?

What types of activities do you participate in as a family?

Housing

Rent Own Buying Amount per month: \$

How many bedrooms? House Apartment

Do you plan to remain in this residence? If not, where?

Plans for Child Care (If needed)

Name:	Address:	Phone:
Relationship to child:		Hours
Name:	Address:	Phone:
Relationship to child:		Hours

Others in Household

Name	DOB	Relation to Guardian	Driver's License Number	Social Security Number

Minor (1) History – Professional Practitioners

(Medical doctors, psychiatrists, psychologists, counselors, social workers, etc.)

Name & Title	Last Contact	Address	Phone

Minor's present health status: Good Fair Poor

If fair or poor, please explain:

Special health problems:

Minor (2) History – Professional Practitioners

(Medical doctors, psychiatrists, psychologists, counselors, social workers, etc.)

Name & Title	Last Contact	Address	Phone

Minor's present health status: Good Fair Poor

If fair or poor, please explain:

Special health problems:

Minor (3) History – Professional Practitioners

(Medical doctors, psychiatrists, psychologists, counselors, social workers, etc.)

Name & Title	Last Contact	Address	Phone

Minor's present health status: Good Fair Poor

If fair or poor, please explain:

Special health problems:

School of Child (4)

Is the minor currently enrolled in school? Yes No
If yes, where? What grade?

What are the minor's grades?

Does the minor participate in extracurricular activities? Yes No
If yes, what activities?

Summary of Views

Please summarize your views and concerns as clearly as possible on the following pages. Please attach additional pages as necessary. Please reference the question number on additional pages.

1. Why are you seeking guardianship of the child?

2. If the child lives with you, when did you obtain custody and how? Do the child's parents agree with the proposed guardianship?

3. Is there anyone who opposes your guardianship? Please explain.

4. How do you plan to discipline the child?

5. If you are a grandparent seeking guardianship, what would you do differently in raising this grandchild to prevent the same problems that happened with your own children?

6. Does the child have any special problems? How are you qualified to help with those problems?

7. What do you believe the minor's parent(s) need to do in order to terminate the Guardianship?

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: ___ / ___ / ___

(print name of proposed guardian)

➤ _____
(Signature of proposed guardian)