		(optional form)
SEAL OF THE STATE	Superior Court of the State of Califo County of Kings	Prnia
	PERSONAL REFERENCI QUESTIONNAIRE	E
	 Guardianship Guardianship Termination Step-Parent Adoption 	
	CASE	NUMBER:
Name and telephone nu	umber of the <u>individual for whom you are com</u>	pleting the questionnaire:
Petitioner's Name:		
Instructions on comp	bleting this form:	
	vestigation ordered by the Court, please comp dianship. The petitioner will submit this form,	

KINGS COUNTY SUPERIOR COURT

1640 Kings County Drive, Hanford, CA 93230

As you answer each question below, please keep in mind that it is the responsibility of the Court to safeguard the welfare and future development of the children in this family. You can help the Court in meeting this responsibility by being objective and confining your statements to observations which you have personally made. Answer each question as completely as possible using additional paper if needed. The investigator may contact you personally to discuss your statement with you.

Your Name:				
Address:	(City, State and Zip Code)			
Home Telephone:	Work Telephone:			
() ext. What is your relationship to the person (petitioner) named above (relative, friend, coworker, etc.)?				
How long have you known this person?				
How often do you have contact with the child(ren)?				
List the date you last had contact with the child(ren):				
How long have you known the child(ren) in this case?				

How often do you have contact with them?	Date you last had contact with them:
Do you know the natural parent?] Yes, if yes, how long have you known them?

PHYSICAL ENVIRONMENT
Have you been in the home of the Petitioner? If so, describe the general cleanliness and order of the home.
CARE OF THE CHILDREN
Describe how the Petitioner treats, or cares for, the child(ren).
Describe the relationship between the individual and the child(ren) from your observation?
Have you ever witnessed any questionable treatment of the child(ren) by the Petitioner? (If so, please explain)
CHILDREN
State your personal observations of each child(ren), including any physical or emotional issues known to you.
Have the child(ren) expressed their feelings about this matter to you?

PARENTS				
Do you know if the Petitioner has a history of:				
Drugs:	Prescribed (for them)	🗌 Illegal		
Alcohol:	Occasional	Frequent		
Criminal activities:	🗌 No	☐ Yes		
If you have answered "Yes" to any of the above, please explain.				
FOR GUARDIANSHIP TER	MINATIONS ONLY:			
Do you feel the Petitioner	is a more appropriate careta	aker than the current Guardian?		
	ADDITIONAL C	OMMENTS		

DATE: / /

(Signature)
