

THERE WILL BE NO REFUNDS OR EXCHANGES ON SUPERIOR COURT FORMS OR PACKETS



SUPERIOR COURT OF CALIFORNIA
County of Kings
1640 Kings County Drive, Hanford, CA 93230
(559) 582-1010

GUARDIANSHIP INVESTIGATION PACKET

(For a Relative Guardianship Case)



Online Assistance: www.courts.ca.gov/selfhelp.htm
The California Courts Self-Help Center

E-file California: <https://www.kings.courts.ca.gov/online-services/online-case-filing>

Kings County Superior Court: www.kings.courts.ca.gov

Hours of Operation (Except for Court Holidays): Monday – Friday 8:00a.m. to 4:00p.m.

FORMS INCLUDED IN THIS PACKET

| | |
|--|-----------------|
| Guardianship Investigation Letter/Checklist | Local Form |
| Guardianship Questionnaire (Relative cases) <ul style="list-style-type: none">Two (2) Questionnaires are provided in this packet | Local Form |
| Filing Fee: <ul style="list-style-type: none">Initial Investigation Fee | \$600.00 |



**Superior Court of the State of California
County of Kings
1640 Kings County Drive
Hanford, CA 93230**

**GUARDIANSHIP
INVESTIGATION LETTER/CHECKLIST
(ONLY for Relative Guardianship Cases)**

Dear Petitioner(s),

As a relative to the minor you desire guardianship over, an investigation is required to be performed. The court has appointed an investigator to your case, however, the investigation **will not** begin until the following items are completed and provided to the investigator:

Guardianship Questionnaire (relative cases)

- Two (2) questionnaires are provided in this packet, make additional copies as needed.
- **Each petitioner** shall complete a questionnaire.

Minor's Birth Certificate

- A *copy* is required for each minor.

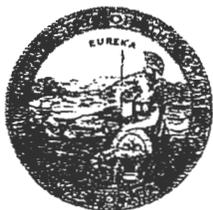
Investigation Fee of \$600.00

- Cash, check or a money order payable to the "*Kings County Superior Court*".
- This fee is to be paid at the time the investigation packet is returned to the clerk's office.

If you have an attorney, please notify him/her of the receipt of the included documents.

All items may be delivered to the clerk's office or mailed to one of the addresses listed below. Thank you for your assistance in this matter.

KINGS COUNTY SUPERIOR COURT
1640 Kings County Drive
Hanford, CA 93230
Attention: Probate Clerk



Superior Court of the State of California
County of Kings

(optional form)

FOR COURT USE ONLY
(RECEIVED ON):

GUARDIANSHIP QUESTIONNAIRE
(For relative cases)

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 either:

KINGS COUNTY SUPERIOR COURT

1640 Kings County Drive
Hanford, CA 93230
Attention: Probate Clerk

| | | | |
|--------------------------------------|---------|-----------------|-------------|
| Name of Child (1): | | DOB: | |
| Address of Child (1): | | | |
| Name of Child (2): | | DOB: | |
| Address of Child (2): | | | |
| Name of Child (3): | | DOB: | |
| Address of Child (3): | | | |
| Name of Child (4): | | DOB: | |
| Address of Child (4): | | | |
| Proposed Guardian Information | | | |
| Name of Proposed Guardian: | | | |
| Other Names Used: | | | |
| 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. | | | |

| | | | |
|---|--|--|--|
| Provide previous residential history (Past 10 years): | | | |
| | | | |
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Natural Mother of Child

| | | | | |
|---|---------|-----------------|-------|--------|
| Name: | | | | |
| Current or last known Address: | | | | |
| City: | | State: | Zip: | Phone: |
| Height: | Weight: | | Eyes: | Hair: |
| Driver's License No. | | | | |
| DOB: | | Place of Birth: | | |
| Date and location of last contact with child: | | | | |
| | | | | |

Natural Father of Child (1)

| | | | | |
|---|---------|-----------------|-------|--------|
| Name: | | | | |
| Current or last known Address: | | | | |
| City: | | State: | Zip: | Phone: |
| Height: | Weight: | | Eyes: | Hair: |
| Driver's License No. | | | | |
| DOB: | | Place of Birth: | | |
| Date and location of last contact with child: | | | | |

Natural Father of Child (2)

| | | | | |
|---|---------|-----------------|-------|--------|
| Name: | | | | |
| Current or last known Address: | | | | |
| City: | | State: | Zip: | Phone: |
| Height: | Weight: | | Eyes: | Hair: |
| Driver's License No. | | | | |
| DOB: | | Place of Birth: | | |
| Date and location of last contact with child: | | | | |

Natural Father of Child (3)

| | | | | |
|--------------------------------|---------|-----------------|-------|--------|
| Name: | | | | |
| Current or last known Address: | | | | |
| City: | | State: | Zip: | Phone: |
| Height: | Weight: | | Eyes: | Hair: |
| Driver's License No. | | | | |
| DOB: | | Place of Birth: | | |

Date and location of ~~last contact~~ with child:

Natural Father of Child (4)

Name:

Current or last known Address:

City: State: Zip: Phone:

Height: Weight: Eyes: Hair:

Driver's License No.

DOB: Place of Birth:

Date and location of last contact with child:

Other Children of Mother or Father

| Name: | Age: | DOB: | Living with whom? |
|-------|------|------|-------------------|
| | | | |
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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:

Marital History of Proposed Guardian
(List all marriages)

| Name (To Whom) | Date & Place | How Terminated (Divorce, Death) | Date Separated | Final |
|-------------------|--------------|------------------------------------|----------------|-------|
| | | | | |
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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) |
|--------------------|-----|-----|--|
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Do any of the Proposed Guardian's children have criminal histories or involvement with Child Protective Services? Yes No If yes, please explain:

Education

High School graduate? Year: Name of school:

If not, grade last attended:

Reason for leaving:

| College or University Attended | Degree/Units | Major |
|--------------------------------|--------------|-------|
| | | |

Health

Insurance:

Present health status: Good Fair Poor

If fair or poor, please explain:

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 |
|--------------|-------|------|--------|
| | | | |
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| | | | |

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

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

Housing

How many bedrooms? House Apartment

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 |
|------|-----|----------------------|-------------------------|------------------------|
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| Minor (1) History – Professional Practitioners (Medical doctors, psychiatrists, psychologists, counselors, social workers, etc.) | | | |
|--|--------------|---------|-------|
| Name & Title | Last Contact | Address | Phone |
| | | | |
| | | | |
| Minor's present health status: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If fair or poor, please explain: | | | |
| Special health problems: | | | |
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| | | | |
| Minor (2) History – Professional Practitioners (Medical doctors, psychiatrists, psychologists, counselors, social workers, etc.) | | | |
| Name & Title | Last Contact | Address | Phone |
| | | | |
| | | | |
| Minor's present health status: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> 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: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If fair or poor, please explain: | | | |
| Special health problems: | | | |
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Minor (4) History – Professional Practitioners

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

| Name & Title | Last Contact | Address | Phone |
|--|--------------|---------|-------|
| | | | |
| | | | |
| Minor's present health status: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | | | |
| If fair or poor, please explain: | | | |
| | | | |
| Special health problems: | | | |
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School of Child (1)

Is the minor currently enrolled in school? Yes No
If yes, where? What grade?
Submit copy of most recent report card.

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

School of Child (2)

Is the minor currently enrolled in school? Yes No
If yes, where? What grade?
Submit copy of most recent report card.

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

School of Child (3)

Is the minor currently enrolled in school? Yes No
If yes, where? What grade?
Submit copy of most recent report card.

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

| School of Child (4) | |
|--|-------------|
| Is the minor currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No | What grade? |
| If yes, where? | |
| Submit copy of most recent report card. | |
| Does the minor participate in extracurricular activities? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, what activities? | |
| | |
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| | |

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 become child's caretaker? Do the child's parents agree with the proposed guardianship?



Superior Court of the State of California
County of Kings

GUARDIANSHIP QUESTIONNAIRE
(For relative cases)

(optional 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 either:

KINGS COUNTY SUPERIOR COURT
1640 Kings County Drive
Hanford, CA 93230
Attention: Probate Clerk

| Name of Child (1): | | DOB: | |
|-------------------------------|---------|-----------------|-------------|
| Address of Child (1): | | | |
| Name of Child (2): | | DOB: | |
| Address of Child (2): | | | |
| Name of Child (3): | | DOB: | |
| Address of Child (3): | | | |
| Name of Child (4): | | DOB: | |
| Address of Child (4): | | | |
| Proposed Guardian Information | | | |
| Name of Proposed Guardian: | | | |
| Other Names Used: | | | |
| 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. | | | |

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|---|
| Provide previous residential history (Past 10 years): |
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Natural Mother of Child

| | | | |
|---|-----------------|-------|--------|
| Name: | | | |
| Current or last known Address: | | | |
| City: | State: | Zip: | Phone: |
| Height: | Weight: | Eyes: | Hair: |
| Driver's License No. | | | |
| DOB: | Place of Birth: | | |
| Date and location of last contact with child: | | | |
| | | | |

Natural Father of Child (1)

| | | | |
|---|-----------------|-------|--------|
| Name: | | | |
| Current or last known Address: | | | |
| City: | State: | Zip: | Phone: |
| Height: | Weight: | Eyes: | Hair: |
| Driver's License No. | | | |
| DOB: | Place of Birth: | | |
| Date and location of last contact with child: | | | |

Natural Father of Child (2)

| | | | |
|---|-----------------|-------|--------|
| Name: | | | |
| Current or last known Address: | | | |
| City: | State: | Zip: | Phone: |
| Height: | Weight: | Eyes: | Hair: |
| Driver's License No. | | | |
| DOB: | Place of Birth: | | |
| Date and location of last contact with child: | | | |

Natural Father of Child (3)

| | | | |
|--------------------------------|-----------------|-------|--------|
| Name: | | | |
| Current or last known Address: | | | |
| City: | State: | Zip: | Phone: |
| Height: | Weight: | Eyes: | Hair: |
| Driver's License No. | | | |
| DOB: | Place of Birth: | | |

Date and location of last contact with child:

Natural Father of Child (4)

Name:

Current or last known Address:

City: State: Zip: Phone:

Height: Weight: Eyes: Hair:

Driver's License No.

DOB: Place of Birth:

Date and location of last contact with child:

Other Children of Mother or Father

| Name: | Age: | DOB: | Living with whom? |
|-------|------|------|-------------------|
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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:

Marital History of Proposed Guardian
(List all marriages)

| Name (To Whom) | Date & Place | How Terminated (Divorce, Death) | Date Separated | Final |
|-------------------|--------------|------------------------------------|----------------|-------|
| | | | | |
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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) |
|--------------------|-----|-----|--|
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Do any of the Proposed Guardian's children have criminal histories or involvement with Child Protective Services? Yes No If yes, please explain:

Education

High School graduate? Year: Name of school:

If not, grade last attended:

Reason for leaving:

| College or University Attended | Degree/Units | Major |
|--------------------------------|--------------|-------|
| | | |

Health

Insurance:

Present health status: Good Fair Poor

If fair or poor, please explain:

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 |
|--------------|-------|------|--------|
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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:

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Family Functioning of Proposed Guardian

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

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Housing

How many bedrooms? House Apartment

| |
|--|
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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 |
|------|-----|----------------------|-------------------------|------------------------|
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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:

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Special health problems:

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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:

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Special health problems:

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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:

| |
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Special health problems:

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Minor (4) History – Professional Practitioners

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

| Name & Title | Last Contact | Address | Phone |
|--|--------------|---------|-------|
| | | | |
| | | | |
| Minor's present health status: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | | | |
| If fair or poor, please explain: | | | |
| | | | |
| Special health problems: | | | |
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School of Child (1)

Is the minor currently enrolled in school? Yes No
If yes, where? What grade?
Submit copy of most recent report card.

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

School of Child (2)

Is the minor currently enrolled in school? Yes No
If yes, where? What grade?
Submit copy of most recent report card.

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

School of Child (3)

Is the minor currently enrolled in school? Yes No
If yes, where? What grade?
Submit copy of most recent report card.

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

School of Child (4)

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

Submit copy of most recent report card.

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 become child's caretaker? Do the child's parents agree with the proposed guardianship?
