



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.				

Provide previous residential history (Past 10 years):

**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:				
<b>Natural Father of Child (4)</b>				
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:				
<b>Other Children of Mother or Father</b>				
Name:		Age:	DOB:	Living with whom?
<b>Employment Data of Proposed Guardian</b>				
Occupation:				
If unemployed, what are your employment plans?				
Present or last employer:			Address:	
Work days & hours:	Employment began:	Ended:		
Previous Employer:				
Employment began:			Ended:	
<b>Marital History of Proposed Guardian</b> (List all marriages)				
Name (To Whom)	Date & Place	How Terminated (Divorce, Death)	Date Separated	Final
Was there ever any domestic violence in any of the marriages?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
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:

**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

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

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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

<b>Minor (1) History – Professional Practitioners</b> (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:			
<b>Minor (2) History – Professional Practitioners</b> (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:			
<b>Minor (3) History – Professional Practitioners</b> (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:			



School of Child (4)	
Is the minor currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where?	What grade?
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?	

**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?

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2. If the child lives with you, when did you become child's caretaker? Do the child's parents agree with the proposed guardianship?

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

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4. How do you plan to discipline the child?

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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?

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6. What do you believe the minor's parent(s) need to do in order to get their children back?

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Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
(print name of proposed guardian)

➤ \_\_\_\_\_  
(Signature of proposed guardian)